

From:

F15000002655

09/02/2015 23:17

P.001/002

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE
IMMUNE DEFICIENCY FOUNDATION CORP

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From:

09/02/2015 23:17

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: IMMUNE DEFICIENCY FOUNDATION CORP
2. The principal office address: 110 WEST ROAD, SUITE 300, TOWSON, MD 21204

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/18/2015 Document number: F15000002655

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NATIONAL CORPORATE RESEARCH, LTD., INC.

155 OFFICE PLAZA DRIVE

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NATIONAL CORPORATE RESEARCH, LTD., INC.

115 North Calhoun St., Suite 4

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Sarah Rose CFO
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Ann Marie Cummins
Signature of Registered Agent

9/3/2015
Date

If signing on behalf of an entity:

ANN MARIE CUMMINS
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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