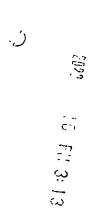
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## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/10/2023	⇔WALK IN**
ENTITY NAME SANANI	OO FOUNDATION INCORPORATED
DOCUMENT NUMBER	
	**PLEASE FILE THE ATTACHED AND RETURN**
xxxxxx	Plain Copy
	Certified Copy
	Certificate of Status
***P2	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certificate of Good Standing
	**APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTINATION	ON
NUMBER OF CERTIFICAT	
TOTAL OWED \$35	ACCOUNT #: I20160000072
	ER FM
Please call Tina at the	e above number for any issues or concerns. Thank you so much!

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

			502, 607.1508, or 617.1508, Florida Stanized under the laws of the State of			
			stered agent, or both, in the State of Flo	orida.		
1. The name of the	he com	oration: SANANDO FOUNDAT	TION INCORPORATED			<del></del>
2. The principal of	office a	ddress: 7514 PARADISE PLACI	E Tampa, FL 33619			_
3. The mailing ac	ddress (	if different):				
4. Date of incorp	Date of incorporation/qualification: 01/09/2017 Document number: F1700000					
5. The name and	street		agent and registered office on file with			
	CORP	ORATION SERVICE COMPAN	Υ			
	1201 E	IAYS STREET				
	TALL	AHASSEE, FL 32301-2525	<u> </u>	· <u>· · · ·</u>	2023.	
6. The name and (if changed):	street	address of the new registered ag	ent (if changed) and /or registered offic	ce.	2023 JAH 10	
	Platinu	m Agent Services LLC		;;	<u>.=</u>	
	155 O	fice Plaza Dr		- 3.	M110: 45	•
		P.O. H	7_1 (33	72		
	Tallah	assee, FL 32301				
The street addre	ss of it be ider	s registered office and the stree tical.	et address of the business office of its	registe	red age	nt,
Such change wa authorized by th	s autho e boar	rized by resolution duly adopt I, or the corporation has been r	ed by its board of directors or by an onotified in writing of the change.	officer s	ю	
/s/ Mila	agros E	Ramirez	Milagros Ramirez, Pre	sident_		_
<u></u>		Printed or typed name and title	:			
l further agree to of my duties, and document is beir	o comp d l am no filed	ointment as registered agent a ly with the provisions of all sto familiar with and accept the ob merely to reflect a change in t otified in writing of this chang	ind agree to act in this capacity. ututes relative to the proper and comp bligation of my position as registered the registered office address, I hereby e.	olete pe agent. confir	rforma Or, if i m that	nce this the
/s/ Steven Friedman		1/10/22				
Sign	nature of I	Registered Agent	Date			_
If signing on bel	halfof	an entity:				
Stev	ven Friedi	man				
Ту	ped or Pr	inted Name				
		* * * FILING F	FEE: \$35.00 * * *			
MA	AIL TO:	MAKE CHECKS PAYABLE TO FI DIVISION OF CORPORATIONS,	lorida Department of State P.O. Box 6327, Tallahassee, FL 33	2314		

CR2E045 (04/13)