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COVER LETTER

TO: A

Amendment Section Division of Corporations

SUBJECT THE WIDOWS AND ORPHANS FUND, INC

Name of Corporation

DOCUMENT NUMBER: F17000000846

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Mahfouz II

Name of Contact Person

Clerkin, Sinclair & Mahfouz, LLP

Firm/Company

530 B Street, 8th Floor

Address

San Diego, CA 92101

City/State and Zip Code

mclerkin@clerkinlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Mahfouz

,619 308-6550

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta nge is submitted for a corporation organized under the laws of the State of <mark>De</mark> r to change its registered office or registered agent, or both, in the State of Flo	laware	<i>S</i>	
I. The name of t	he corporation: THE WIDOWS AND ORPHANS FUND, INC.			
2. The principal	office address: 981 HIGHWAY 98 E STE 3289, DESTIN, FL 3	32541		
3. The mailing a	ddress (if different):			
4. Date of incorη	poration/qualification: 02/21/2017 Document number: F170000)00846	<u></u>	
	street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	the		
	Seth Eisenberg			
	3604 WARMSPRING WAY	.;		
	VALRICO, FL 33596	1	8 APR	٠ ا
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office		-2 A	:
	InCorp Services, Inc.	. I	AH 10:	
	17888 67th Court North	; ;	ဋ	
	P.O. Box. NO Facceptable			
	Loxahatchee, FL 33470			
The street addre	ess of its registered office and the street address of the business office of its rebe identical.	egistered	l agent	••
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	icer so		
	Rod D. Martin Chairman			
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complemy duties, and I am familiar with and accept the obligation of my position as a document is being filed merely to reflect a change in the registered office a that the corporation has been notified in writing of this change. March 16, 2018	ete s registe: uddress,	red I	
′ /	half of an entity:			

Jackie Defilippis on behalf of InCorp Services, Inc.

Typed or Printed Name

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