F7000000260Y

(Requestor's Name)				
(Address)				
(Address)				
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



300299977463

06/12/17--01011--004 **35.00

HILL P 3 32
SEGREATE OF STATE
SEGRETARY OF STA

.HIN 1 5 2017

T. LEMIEUX

Ma

COVER LETTER

TO:	Amendment Section
	Division of Corporation

SUBJECT: Worldwide Push Foundation Inc.

Name of Corporation

DOCUMENT NUMBER: F17000002604

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:

Aaron Scott Name of Contact Person Worldwide Push Foundation Inc. Firm/Company Po Box 208 Address Corona Ca 92878 City/State and Zip Code

info@theultimatewinerun.com

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

For further information concerning this matter, please call:

Aaron Scott

Name of Contact Person

at (951) 423-4562

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 607.0302, 617.03 inge is submitted for a corporation orgo er to change its registered office or regis	anized under the laws o	f the State of California
1. The name of t	the corporation: Worldwide Push	Foundation Inc.	
2. The principal	office address: Po Box208 Coror	na Ca 92878	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 06-02-17	Document num	_{ber:} F17000002604
5. The name and	d street address of the current registered rtment of State: (If resigned, enter resign		fice on file with the
	FOSTER, TERESA L 3400 NE 163RD STF	REET NORTH MIAMI BEA	CH, FL 33160
6. The name and (if changed):	i street address of the new registered ag	ent (if changed) and /or	registered office
	Taaz Redding		
	3555 South Ocean Dr. Holly	wood FI, 33019	2 TI
	P.O. Box NO)T acceptable	
The street addre as changed will	ess of its registered office and the stree be identical.	t address of the busines	ss office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of direct otified in writing of the	ors or by an officer so e change.
Aaron Scott	tood marge	Aaron Scott/O	WNEr
l further agree t performance of i agent Or if thi	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to rej that the corporation has been notified	nd agree to act in this of tutes relative to the pro accept the obligation of flect a change in the re	capacity. oper and complete of my position as registered oistered office address. I
Taaz Red	den Tags Kedder	06-09-2017	
	nature of Registered Agont		Date
If signing on bel	half of an entity:		
Ту	ped or Printed Name		

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