F170000039714

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

Office Use Only



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OCT 2 1 2021

LALBRITTON



October 6, 2021

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

To Whom It May Concern:

Enclosed please find the Statement of Change of Registered Agent by a foreign nonprofit corporation.

Please return any filed documents to **The Maven Project** c/o Smart Charity 11890 Sunrise Valley Drive, Suite 206 Reston, VA 20191

Should you have any questions or further requirements, please contact me directly at 703-439-1946 or celine@smartcharity.org.

Yours very truly,

Celine Gordon

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

statement of c	hange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statute, organized under the laws of the State of Californ	nia
in or	der to change its registered office or	registered agent, or both, in the State of Florida.	
1. The name o	f the corporation: THE MAVEN PRO	DIECT CORPORATION	
2. The princip.	al office address: 1375 Sutter Street, S	uite 105, San Francisco, CA 94109	
3. The mailing	; address (if different): c/o Smart Cha	rity, 11890 Sunrise Valley Drive, Suite 206, Reston	VA 20191
4. Date of incorporation/qualification: 8/29/2017 Document number: F17000003			
5. The name at		cred agent and registered office on file with the	
	C T CORPORATION SYSTEM		20
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION, FL 33324		2021 05.7 12
6. The name ar (if changed):	nd street address of the new registered	d agent (if changed) and /or registered office	PH 3: 14
	InCorp Services, Inc.		=
	17888 67th Court North		
	P.O. Box NOT acceptable Loxahatchee, FL 33470		
The street addr	ress of its registered office and the s	treet address of the business office of its registe	ered agent,
		opted by its board of directors or by an officer on notified in writing of the change.	
Jennifer Garver, Chief Financial Officer & Treas			
of my duties, an document is be	the appointment as registered ages to comply with the provisions of all and I am familiar with and accept the ing filed merely to reflect a change s been notified in Viriting of this cha	stitutes retailed to the proper and complete per obligation of my continuous registered agent.	erformance Or, if this m that the
	insture of Registered Agent	Date	
lf-signing on be	chalf of an entity:		
Jackie DeFilippi	s on behalf of InCorp Services, Inc.		
	yped 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 (04/13)