F1800000 5829

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





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05/13/19--01(050--006 **35.00

SECRETARY OF STATE OF STATE OF CORPORATIONS

Ra Change

MAY 2 4 2019

D CUSHING



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscqlobal.com

Date: May 7, 2019

Order#: 731030-005

Re: EDWARD D. AND ANNA MITCHELL FAMILY FOUNDATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

 $XX_{\underline{}}$ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Baronie c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA. XCOA

SECKETARY OF STATE CHAISION OF CORPORATION

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

statement of c	change is suhmitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, the organized under the laws of the State of DELAWAR		
	• -	egistered agent, or both, in the State of Florida.		
1. The name of	of the corporation: EDWARD D. AND A	ANNA MITCHELL FAMILY FOUNDATION CORP		
2. The princip	oal office address: 1605 MAIN STREET	T SUITE 905 SARASOTA, FL 34236		
3. The mailin	g address (if different): P.O. Box 3529	SARASOTA, FL 34230-3529		
4. Date of inc	orporation/qualification: 12/14/2018	Document number: F18000005829		
	and street address of the current registe partment of State: (If resigned, enter re	red agent and registered office on file with the signed)		
	ENTSMINGER, PATRICIA, CPA			
	1990 MAIN STRETT, SUITE 801			
	SARASOTA	FL 34236		
6. The name (if changed	-	d agent (if changed) and /or registered office		<u></u>
	1201 Hays Street		19 t	ASIG ASIG
		x NOT acceptable	TAY.) (전 (전 (전 (전 (전 (전 (전 (전 (전 (전 (전 (전 (전
	Tallahassee	FL 32301	$\bar{\omega}$	F CC
as changed v	vill be identical.	treet address of the business office of its registere	d a e	OF STA
Such change authorized b	was authorized by resolution duly add y the board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.	0	TIOK:
	124	Jonathan Mitchell, President		S
I hereby according to the I hereby according to the I hereby confi	of mv duties, and I am familiar with a	l statutes relative to the proper and complete and accept the obligation of my position as registe o reflect a change in the registered office address.	ered I	
	Signature of Registered Agent	Date		
If signing on	behalf of an entity:			
Lindsey M	1. Barnie Assistant Vice Pice Typed or Printed Name	sident		
	* * * FILING	G FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E645 (03/12)