

F2000 0004882

(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:

Office Use Only



200395058942

RECEIVED

2022 DEC -5 PM 12:30

STATE OF FLORIDA  
ALLAHASSEE, FLORIDA

RECEIVED

2022 DEC -5 AM 9:30

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

A. BUTLER

DEC -6 2022

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 12/05/2022

Acc#I20160000072

*Eric Dill*

Name:	PCNA CARES SHARE FUND, INC.
Document #:	
Order #:	14657252 - 54

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **35.00**

Thank you!

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of PA \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PCNA CARES SHARE FUND, INC.

2. The principal office address: 400 HUNT VALLEY ROAD NEW KENSINGTON, PA 15068

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/27/2020 Document number: F20000004882

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

P.O. Box NOT acceptable

2022 DEC -5 AM 9:30  
FILED  
FLORIDA DEPARTMENT OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Designated by David Farr  
Signature of an officer or director

David Farr, CFO  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

C T Corporation System  
By: /s/Laura R. Broderick  
Signature of Registered Agent

11/18/2022  
Date

If signing on behalf of an entity:  
Laura R. Broderick, Assistant Secretary  
Typed 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)