

F2000 0004882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

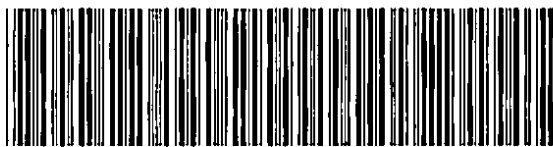
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DEC - 6 2022

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3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 12/05/2022

Acc#I20160000072

en: c SW

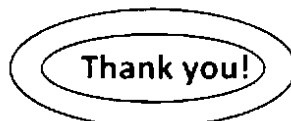
Name:	PCNA CARES SHARE FUND, INC.
Document #:	
Order #:	14657252 - 54

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:	
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Verifier _____
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Ref# _____

Amount: \$	35.00
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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

P.O. Box NOT acceptable

Plantation, Florida 33324

FILED
2022 DEC -5 AM 9:30
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)