## F97 000000 611

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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2021 MAR 16 AM 10: 41
SECRETARY OF STATE



## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Everence Foundation, Inc.		
Name of Corporation		
DOCUMENT NUMBER: F97000000611		
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Lisa Zarro		
Name of Contact Person	<del></del>	
Registered Agents Legal Services, LLC		
Firm/Company		
1013 Centre Road, Suite 403S		
Address	<del></del>	
Wilmington DE 19805		
City/State and Zip Code		
info@inclegal.com		
E-mail address: (to be used for future annua	l report notification)	
For further information concerning this matter,	please call:	
Lisa Zarro	at (800 ) 400-6650	
Name of Contact Person	at (800 ) 400-6650  Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	Department of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1. inge is submitted for a corporation organized und r to change its registered office or registered age	ler the laws of the State of <u>Inc</u>	diana	<del></del>	
1. The name of t	he corporation: Everence Foundation, Inc.				
	office address: 1110 North Main St., Goshen, IN 46	528			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 02/05/1997 Do	ocument number: F97000000	611		
	f street address of the current registered agent and timent of State: (If resigned, enter resigned)	registered office on file with	the		
	Lee. H. Greg	<del>.</del>	SE(	3	
	2014 4th St., Sarasota, FL 34237		ZUZI HAR 16 SECRETAR)	n	
6. The name and (if changed):	I street address of the new registered agent (if cha	nged) and /or registered of fire	^ <b>~</b>	27700	
	155 Office Plaza Drive, Suite A. Tallahassee, FL 32301				
	P.O. Box. NOT acce	ptable			
The street addre as changed will	ess of its registered office and the street address be identical.	of the business office of its	registered	l agent.	
Such change wa authorized by th	is authorized by resolution duly adopted by its be ne board, or the corporation has been notified in	poard of directors or by an owriting of the change.	fficer so		
Jom	Jaime	Alvarez, Secretary			
I hereby accept I farther agree t of my duties, an document is bei	the appointment as registered agent and agree to comply with the provisions of all statutes rela to I am familiar with and accept the obligation of ng filed merely to reflect a change in the registe to been notified in writing of this change.	itive to the proper and comp	olete perfo	rmance r, if this that the	
Lina	3/2/20	21			
Sigi	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Ту	yped or Printed Name				

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