pq 1 of 2

Division of Corporations Electronic Filing Cover Sheet

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REGISTERED AGENT CHANGE NATIONAL COUNCIL OF YOUNG MEN'S CHRISTIAN ASSOCIATIO

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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

		92, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ation organized under the laws of the State of Illinois				
•		re or registered agent, or both, in the State of Florida.				
	NATIONAL CO	DUNCIL OF YOUNG MEN'S CHRISTIAN ASSOCIATIONS OF THE ES OF AMERICA CORPORATION				
2. The principa	office address: 101 N WACKE	ER DR STE 1600, CHICAGO, IL 60606				
3. The mailing	address (if different):					
4. Date of inco	rporation/qualification:04/03/	1997 Document number: F97000001698				
	nd street address of the current autment of State: (If resigned, eartment	registered agent and registered office on file with the nter resigned)				
	Inc., Registered Agent Solutio	กร				
	155 OFFICE PLAZA DR STÉ A					
	TALLAHASSEE, FL 32301					
6. The name an (if changed):		istered agent (if changed) and /or registered office				
	Corporate Creations Networ	k Inc.				
	801 US Highway 1					
	North Palm Beach, FL 33408	P.O. Box NOT acceptable				
The street addr	ress of its registered office and	I the street address of the business office of its registered agent,				
Such change wanthorized by t	as authorized by resolution du the board, or the corporation h	uly adopted by its board of directors or by an officer so las been notified in writing of the change.				
He.	115	Marja Souza, Attorney-in-Fact				
* ****	ure of an Officer or director	Printed or typed name and title				
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as registere to comply with the provisions nd I am familiar with and acc ing filed merely to reflect a cl is been notified in writing of th	d agent and agree to act in this capacity. s of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this hange in the registered office address, I hereby confirm that the his change.				
Н	1, 11 5	03/29/2024				
1/31	gnature of Registered Agent	Date				
If signing on b	ehalf of an entity:					
Marja Souza, Sp						
	Typed or Printed Name					
	***F	ILING 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)