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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

Fax Number : (614)573-3996

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LLC REGISTERED AGENT CHANGE EXECUTE BUCKEYE COMMUNITY HOPE FOUNDATION LLC

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K. SALY

APR 18 2024

To:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) Chestnut Street, Clearwater, F1. 33756	(1	b)	
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) Chestnut Street, Clearwater, F1, 33756	any:		
915				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
-1	,		915 Chestn	iut Street, Clearwater, FL 33756
	•	•	,	A THE STATE OF STATE AND ADDRESS OF THE STATE OF THE STAT
	Maria		· .	
03/2	6/2024	•	L240001386	42
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	TO THE THIRD THAT A BUT AND A SHARE WALLES AND A SHARE	•		
Kegis	stered Agent and Registered Office shown on the re-	cords of the Florida	B Dept. of State	
LAN	NDECK, VERN			57.
Regi	stered Office Address (MUST BE FLORIDA S	TREET ADDRESS	<u> </u>	
915	CHESTNUT ST		-	· · · · · · · · · · · · · · · · · · ·
, CLI	ARWATER	PI 33756		
	Corporation System	, , ,		
(b) Linter	name of NEW Registered Agent and/or NEW Re	eistered Office ad	dress:	· · · · · · · · · · · · · · · · · · ·
NEV	Y Registered Office Address:		• .	
120	9 South Pine Island Road			
Plar	nation	33324		
	parto.	, FL		