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K. SALLY  
EXAMINER  
JUN 27

Date: 06/24/2016

Account #: I20000000088

Name: Tamara Clark

Reference #: M080985

ENTITY NAME: FOUNDATION MANAGEMENT, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Annual Report
- ☒ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: \_\_\_\_\_

Authorized Amount: \$2500

Signature: Tamara Clark

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Foundation Management, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Burke

Name of Person

Foundation Management

Firm/Company

7645 Gate Parkway, Ste. 106

Address

Jacksonville, FL 32256

City/State and Zip Code

kburke@foundationmgt.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Orr

Name of Person

at ( 866 )

621-3519

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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.*

1. Name of the limited liability company: Foundation Management, LLC

2. (a) 501 Riverside Avenue Suite 600 Jacksonville FL 32202 (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_

06/26/2015

M15000003725  
M15000005084

3. \_\_\_\_\_ Date of filing/registration in Florida 4. \_\_\_\_\_ Document number

5. (a) Kloeppel, Marvin  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

501 Riverside Avenue Suite 600

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jacksonville, FL 332202

(b) National Corporate Research, Ltd., Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4

NEW Registered Office Address:

\_\_\_\_\_  
Tallahassee, FL 32301

FILED  
2016 JUN 24 AM 7:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Kevin Burke

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Nichelle Walker, Esq. Sec  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00