## N 0000000 3902

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## FLORIDA DEPARTMENT OF STATE Division of Corporation 300 년을 22 위에 1:30

May 26, 2020

MICHAEL A. LICHT, CPA LICHT AND ANDREWS 3033 RIVIERA DR., SUITE 106 NAPLES, FL 34103

SUBJECT: RAYMOND R. AND MARTHA G. WERNIG FOUNDATION, INC.

Ref. Number: N0000003902

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

FOR ITEM #5, PLEASE INDICATE THE NAME AND ADDRESS OF THE PERSON WHO HAS RESIGNED.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 420A00010483

## **COVER LETTER**

TO:

TO: Amendment Section Division of Corporations	r	
SUBJECT: Raymonf R and Martha G Wernig Name of Corporation	Foundation	
tame of corporation		
DOCUMENT NUMBER: N00000003902		
The enclosed Statement of Change of Regis	stered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Michael A. Licht, CPA		
Name of Contact Person		
Licht and Andrews		
Firm/Company	<del></del>	
3033 Riviera Dr., Suite 106		
Address	<del></del>	
Naples, Fl. 34103		
City/State and Zip Code		
mlicht@mynaplescpa.co	4n	
E-mail address: (to be used for future an	nual report notification)	
Town Country in the Comment of the comment of the country of the c		
For further information concerning this man	ter, piease can:	
Stephanie R. Wernig	,689-7231	
Name of Contact Person	at (402 )689-7231 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to	the Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	of Corporations Division of Corporations	
P.O. Box 6327		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

## 57ATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	nange is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida S ion organized under the laws of the State of $\underline{f}$ or registered agent, or both, in the State of F.	LORIDA	
			ioriaa.	
1. The name of the corporation: Raymond R.andMartha G.Wernig Foundation  2. The principal office address: 3033 Riveriera Dr., Suite 106, Maples, FL 34103				
3. The mailing	address (if different):	000 6 15 2000 Document number: N0000000	<del></del>	
4. Date of inco	rporation/qualification: June 1, 20	Document number: N0000000	3902	
	artment of State: (If resigned, ento	•		
	RESIGNED Decense	ر م		
	Earn Pull			
	7425 PElicon	BAY Blub. #1504 NAPLES A	= 34108.	
6. The name ar (if changed):	nd street address of the new regist	tered agent (if changed) and /or registered offi	ice	
	Michael A.Licht			
	3033 Riviera Dr., Suite 106		· 利 22	
		P.O. Box NOT acceptable		
	Naples, FL 34103		AH 8	
The street additas changed will	ress of its registered office and t ll be identical.	he street address of the business office of its	· · · · · · · · · · · · · · · · · · ·	
Such change wauthorized by	vas authorized by resolution duly the board, or the corporation has	y adopted by its board of directors or by an os been notified in writing of the change.		
Nighat Signat	ture of an officer or director	Stephanic R. Wernig Executive Printed or typed name and till	tive Vice Perior	
I hereby accept I further agrect of my duties, a document is be corporation ha	of the appointment as registered to comply with the provisions of all am familiar with and accepting filed merely to reflect a chassive per notified in writing of this	agent and agree to act in this capacity, of all statutes relative to the proper and come to the obligation of my position as registered inge in the registered office address, I hereby schange.	plete performance agent. Or, if this y confirm that the	
Marke		May 4, 2020		
Si (	ignature of Registered Agent	Date	<del></del>	
If signing on b	ehalf of an entity:			
Michael A. Liel	nt			

Typed or Printed Name

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