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SECNELARY OF STATE
TALLAHASSEE, FLORINA

Phanet Sul

COVER LETTER

Division of Corporations
SUBJECT: Community Foundation National Endowment Funds due (Name of Corporation)
DOCUMENT NUMBER: NO10000056)
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALAN J. CANG.
(Name of Contact Person)
Community Forendation Wel. Endrewend Frends due
(Firm/Company)
5551 RIDGEWOOD DR STE. 30F
City/State and Zin Code)
(-1,7-110 110 110 110)
For further information concerning this matter, please call:
Man Fang at (239) 649-6747 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

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

-		7.0502, 607.1508, or 617.1508, Florida St	
•	• •	organized under the laws of the State of egistered agent, or both, in the State of Flo	•
in oraei		egisterea agent, or both, in the state of File FOUMOATION	riaa.
1. The name of the	he corporation: NATIONAL EN	DOWNENT FUNDS, INC.	
2. The principal		WOOD DR. STE 304	
	NAPLES, FC	. 34108	
3. The mailing ac	ddress (if different):	· · · · · · · · · · · · · · · · · · ·	
4. Date of incorp	poration/qualification: 01/24/2	ool Document number: N 0100	10000567
5. The name and Florida Depart	-	red agent and registered office on file with	the
	ALAN J. LANG		
	5551 RIOGE WOOD D.		
	NAPLES FL 3410	8	77
(if changed):	_	agent (if changed) and /or registered offic	
	ACAN J. LANG	(no change)	SSEI SSEI
S	3991 GULF SHORE BY	NO. NO. #203	FFS A IT
2	NAPLES, FC 34	(No Change) 200. No. #503 ptable)	9: 16 STATE LORIDA
		treet address of the business office of its	
Such change was authorized by the	s authorized by resolution duly ade e board, or the corporation has bee	opted by its board of directors or by an or en notified in writing of the change.	officer so
Class	y Jany	4AU J. LANG PR	ES-
I further agree to of my duties, and document is bein	o comply with the provisions of all I I am familiar with and accept the ing filed merely to reflect a change have notified in writing of this ch	nt and agree to act in this capacity. I statutes relative to the proper and comp e obligation of my position as registered in the registered office address, I hereby ange.	
llan	Jaux- nature of Registered Agent)	8-6-07 (Date)	
	•	(Date)	
If signing on beh	nalf of an entity:		
(T ₎	yped or Printed Name)		
	* * * FILING	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)