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DIVISION OF CORPORATIONS
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C. Coulliette MAR 26 2003



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 951359 7155110

AUTHORIZATION :

Patricia Meudt

COST LIMIT : \$ 35.00

ORDER DATE : March 3, 2003

ORDER TIME : 11:17 AM

ORDER NO. : 951359-020

CUSTOMER NO: 7155110

CUSTOMER: Patricia Meudt
Cendant Corporation
1 Campus Drive

Parsippany, NJ 07054

CHANGE OF AGENT

NAME: COLDWELL BANKER CARES
COMMUNITY FOUNDATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Mimi Replogle -- EXT# 1128

EXAMINER: _____

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COLDWELL BANKER CARES COMMUNITY FOUNDATION, INC
2. The principal office address: 5971 Cattleridge Blvd., Suite 202, Sarasota, FL 34232
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/25/2001 Document number: N01000006775
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Mark A. Coel, Esq.

33 Southeast 8th Street, Suite 400

Boca Raton, FL 33432

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Maureen Cullen
(Signature of an officer, chairman or vice chairman of the board)

Maureen Cullen, Attorney-In-Fact
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Elva M. Shipkowski
(Signature of Registered Agent)

March 13, 2003

(Date)

If signing on behalf of an entity:

Elva M. Shipkowski

(Typed or Printed Name)

Asst. Vice President

(Capacity)

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

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