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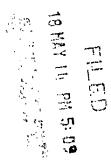
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Cornwall Foundation, Inc.

Name of Corporation

DOCUMENT NUMBER: NO1000008736

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:

Donna Colavito

Name of Contact Person

Granite Associates, Inc.

Firm/Company

225 Banyan Boulevard, Suite 130

Address

Naples, FL 34102

City/State and Zip Code

dcolavito@granitelp.com

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

For further information concerning this matter, please call:

Louis J. Boyd

_{at (}239

228-6505

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

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

statement of ch	provisions of sections 607.0502, 61 ange is submitted for a corporation er to change its registered office or .	organized under the laws	s of the State of Florid	da	-
1. The name of	the corporation: Cornwall Four	ndation, Inc.			
2. The principal	office address: 225 Banyan B	oulevard, Suite 13	0		
Naples, f	Florida 34102				
3. The mailing	address (if different):				
4. Date of incor	poration/qualification: 12/14/20	001 Document nu	umber: N010000	08736	
	d street address of the current regist rtment of State: (If resigned, enter r		office on file with th	ie	
	United Corporate Service	es, Inc.	\. . \. \. \. \. \. \. \. \. \. \. \. \. \.		
	9200 South Dadeland Bl	vd., Suite 508	· 		77
	Miami, FL 33156				[II]
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and	or registered office	5.09	O
	Granite Associates, Inc.		V		
	225 Banyan Boulevard, Suite 130				
	P.O. Box NOT acceptable Naples, FL 34102				
The street addr	ess of its registered office and the solution is	street address of the busi	ness office of its reg	istered age	nt,
Such change w authorized by t	as authorized by resolution duly ad he board, or the corporation has be	lopted by its board of dir en notified in writing of	ectors or by an offic the change.	er so	
Jour Signati	Benyl ute of an officer or director	Louis J. Boy	d, Treasurer		_
I hereby decept I further agree performance of agent. Or, if th	t the appointment as registered age to comply with the provisions of al my duties, and I am familiar with his document is being filed merely t that the corporation has been noti	ent and agree to act in th ll statutes relative to the and accept the obligation o reflect a change in the	is capacity. proper and complete n of my position as r registered office ad	egisierea –	
Jour	knature of Registered Agent	5/4/18	Date		-
	chalf of an entity:	·			
Louis J. Bo					
7	Typed or Printed Name				

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

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