## NO2 000003084

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100389873261

80/24/23 Oldic -012 ↔1..00

FILED
2022 JUN 24 AM II: 48



## **COVER LETTER**

TO:

Amendment Section Division of Corporations

DOCUMENT NUMBER: N 0200003084
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:
Name of Contact Person  MARINER SAMPS FOUNDATION, INC.  Firm/Company  6 SOO MARINER SAMPS DRIVE  Address  STUART, FL 34997  City/State and Zip Code  Plus Comcest, met  E-mail address: (to be used for future annual report notification)
MARINER STADS FOUNDATION THE
Firm/Company
6500 MARINER SANDS DRIVE
Address
STUART, FL 34997
City/State and Zip Code
lduane @ comcest, net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
1 Abidenia F DUANT TO TO TO TOO COL
Name of Contact Person at (781) 789-8244  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Mailing Address: Street Address: Amendment Section Amendment Section

**Division of Corporations** 

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

SUBJECT: MARINER SANDS FOUNDATION, INC.

CR2E045 (04/13)

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## - 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: MARINER SANDS FOUNDATION, TAC
2. The principal office address: 6500 HARINER SAMPS PRIVE,
STUBRT, 1=L 34997
3. The mailing address (if different):
4. Date of incorporation/qualification: (2/18/200/ Document number: NO200003084
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
WILLIAM S. WARD
GSOO MARINER SANDS DRIVER TO STURRT, FL 34997
57UART, FL 34997 2 2
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LAWKENCEE. DUANE, TR.  GSOO MARINER SANDS DRIVE  P.O. Box NOT acceptable  57UART, FL 34997
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.  Signature of an officer or director  Signature of an officer or director  Signature of an officer or director
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.
Samue Cum J TUNE 20, 2022 Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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