N0200009959

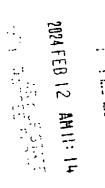
| (Re | equestor's Name) |) |
|---|------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | y/State/Zip/Phon | ie #) |
| ☐ PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
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| | | |

Office Use Only



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RA & RO Change



2024 FEB 12 AM II: 14

A RAMSEY FEB -B 2024 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallnassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 298907 1 4710526

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: January 31, 2024

ORDER TIME : 10:26 AM

ORDER NO. : 298907-030

CUSTOMER NO: 4710526

CHANGE OF AGENT

NAME: THE BLANK FAMILY FOUNDATION,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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

| statement of cha | nge is submitted for a corporat | 617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of FL or registered agent, or both, in the State of Florida. | |
|--|---|---|---|
| 1. The name of | the corporation: THE BLANK F | AMILY FOUNDATION, INC. | |
| 2. The principal | | | |
| 3. The mailing a | iddress (if different): | | _ |
| 4. Date of incorp | poration/qualification: 12/30/20 | 02 Document number: N02000009959 | _ |
| | I street address of the current re- tment of State: (If resigned, ent | gistered agent and registered office on file with the er resigned) | |
| | NRAI SERVICES, INC. | | |
| | 1200 South Pine Island Road | FL 33324 | - |
| | Plantation | FL 33324 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed): | | | 1 |
| | Corporation Service Compan | | |
| | 1201 Hays Street | | |
| | Tallahassee | P.O. Box NOT acceptable FL 32301 | |
| | | | |
| The street address changed will | ess of its registered office and to be identical. | ne street address of the business office of its registered agent. | |
| Such change wa authorized by th | s authorized by resolution duly ne board, or the corporation has | adopted by its board of directors or by an officer so been notified in writing of the change. | |
| /S/ Evelyn Macia | | Evelyn Macia, Secretary | |
| Signatur | re of an öfficer or director | Printed or typed name and title | |
| I further agree to of my duties, an document is beil corporation has | the appointment as registered to comply with the provisions of all am familiar with and acceping filed merely to reflect a chaben notified in writing of this sarvice Company | agent and agree to act in this capacity. If all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this age in the registered office address, I hereby confirm that the change. | : |
| By: Drace Cokubic | | 02/05/2024 | |
| Sign | nature of Registered Agent\ | Date | |
| If signing on be | half of an entity: | | |
| | Asst. Vice President | | |
| •, | * | | |

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