## N04516

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #	A
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	·)
	ocument Number)	
(5)	.,	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 14, 2017

Order#: 760090/049

Re: SACRED HEART FOUNDATION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA



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

statement of cha	nge is submitted for a corporation	of 7.0302, 607.1308, or 617.1308, Florida Statutes, this in organized under the laws of the State of Florida r registered agent, or both, in the State of Florida.
	the corporation: SACRED HEAR	
<ol> <li>The name of</li> <li>The principal</li> </ol>	office address: 5395 North 9th Ave	enue, Pensacola, FL 32504
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 08/02/198	Document number: N04516
	d street address of the current registrement of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	Karen O. Emmanuel	
	5151 N. Ninth Avenue, Administ	FL 32504
	Pensacola	· • • • • • • • • • • • • • • • • • • •
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	
		Box NOT acceptable
	Tallahassee 	FL 32301
The street address changed will	ess of its registered office and the be identical.	estreet address of the business office of its registered agent,
Such change wa authorized by the	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.
Xie	2 agni	Jill Cilmi, Vice President
Signati	ire of an officer or director	Printed or typed name and title
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of a "my duties, and I am familiar with	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I stified in writing of this change.
By: Ce	inkel	08/14/2017
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
Ami M. Casper	, Asst. Vice President	_
T	yped 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 \* \* \*