## N06000009412

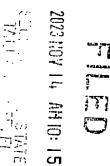
(Requestor's Name)
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PICK-UP WAIT MAIL
(Durings Fasik, Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

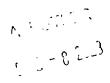
Office Use Only



100418935781

11/14/23--01024--012 \*\*35.00





## · COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: PAT MORAN FAMILY FOUNDATION Name of Corporation	N, INC.				
DOCUMENT NUMBER: N06000009412					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this	s matter to the following:				
THOMAS BLANTON, ASSISTANT SECRETARY					
Name of Contact Person PAT MORAN FAMILY FOUNDATION, INC.	<del></del>				
Firm/Company P.O. BOX 4007					
Address DEERFIELD BEACH, FL 33442-4007	<del></del>				
City/State and Zip Code TKBLANTON@GMAIL.CO	DM				
E-mail address: (to be used for future annua	l report notification)				
For further information concerning this matter, p	please call:				
THOMAS BLANTON	at (954 242-3891 Area Code & Daytime Telephone Number				
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	Street Address: Amendment Section Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

CR2E045 (04/13)

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

statement of che	provisions of sections 607.0502 mge is submitted for a corporat	ion organized under the	laws of the State of $\underline{}$	FLORIDA
	er to change its registered office PAT MORAN E	or registered agent, or AMILY FOUNDATION.	3	Aorida.
	the corporation:  2101 NW CORPO office address:	ORATE BLVD., SUITE :	B16, BOCA RATON, F	T. 33431
3. The mailing a	P.O. BOX and dress (if different):	4007, DEERFIELD BEA	CH, FL 33442-4007	
ū	09/05/200 poration/qualification:	06 Docume	N060000 ent number:	09412
	d street address of the current restment of State: (If resigned, ent		tered office on file w	ith the
	PAPERA, JOHN L. JR.	_		
	955 NW 17TH AVENUE, BUIL	DING N		-
	DELRAY BEACH, FL 33445			-
6. The name and (if changed):	I street address of the new regist	tered agent (if changed)	and /or registered of	fice
	BLANTON, THOMAS K.			
	2101 NW CORPORATE BEVD.	, SUITE 316	.≥ ∃ 	2023 HOV
	BOCA RATON, FL 33431	P.O. Box NOT acceptable		
The street address changed will	ess of its registered office and t be identical.	he street address of the	business office of it	s registered agent,
Such change wauthorized by the	as authorized by resolution dul- ne board, or the corporation has	y adopted by its board s been notified in writin	of directors or by an	officer so
1 hopen-		THOMAS K.		
I hereby accept I further agree of my duties, an document is be	re of an officer or director the appointment as registered to comply with the provisions a d I am familiar with and accep ng filed merely to reflect a cha s been notified in writing of this	agent and agree to act of all statutes relative to to the obligation of my onge in the registered o	Printed or typed name and to in this capacity, the proper and con position as registere ffice address, I herel	
1 hor	nn KSII		11/6/23	
Sig	nature of Registered Agent	<del> </del>	Date	
If signing on be	half of an entity:			
1'	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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