

N070000005368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

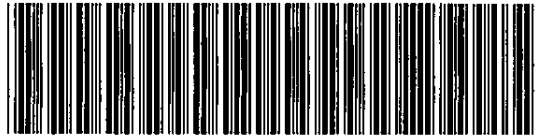
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700110455187

10/12/07--01013--014 ++70.00

FILED

07 OCT 12 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N070000005368
Rtx CH 5000000000
10-12-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mom Foundation Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

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:

Scott Andringa
(Name of Contact Person)

~~ME~~ Mom Foundation Inc.
(Firm/Company)

4500 140th Ave No, Suite 119
(Address)

Clearwater, FL 33762
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Andringa at (727) 712 1600
(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**

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mom Foundation Inc.
2. The principal office address: 4500 140th Ave No, Suite 119
Clearwater FL 33762
3. The mailing address (if different): same
4. Date of incorporation/qualification: 6/3/07 Document number: N07 5368

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Robert Scott Andringa Esq
39042 W Highway 19 North
Orlando Springs FL 32839

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

R. SCOTT ANDRINGA, ESQ. LLC
AIRPORT-BUSINESS CENTER
4500 140TH AVENUE NORTH, SUITE 119
CLEARWATER, FLORIDA 33762-3827
PHONE: (727) 712-1600
(P.O. BOX NOT ALLOWED)
FAX: (727) 712-1611

FILED
07 OCT 12 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Robert Scott Andringa
(Signature of an officer or director)

co-president
(Printed or typed name and title)

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.

Robert Scott Andringa
(Signature of Registered Agent)

10/4/07
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

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