

N07 0000009700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

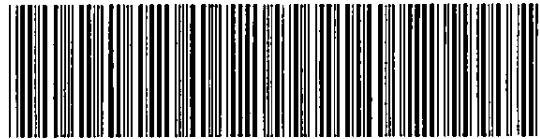
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



600436738746

09/19/24--01008--018 \*\*35.00

24 SEP 19 10 10 AM  
CLERK'S OFFICE  
00700

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Centennial Charitable Foundation, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N07000009700

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:

Tracy Bruce

Name of Contact Person

Mitchell Williams Law Firm

Firm/Company

425 W. Capitol Ave., Suite 1800

Address

Little Rock, AR 72201

City/State and Zip Code

ddruey@my100bank.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Bruce

Name of Contact Person

at ( 501 ) 370-4230

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

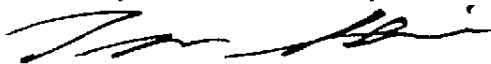
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

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: Centennial Charitable Foundation, Inc.
2. The principal office address: 400 N. Federal Highway, Pompano Beach, FL 33062
3. The mailing address (if different): P.O. Box 159, Conway, Arkansas 72033
4. Date of incorporation/qualification: 10/02/2007 Document number: N07000009700
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)  
John L. Tomlinson  
41 Cayuga Road  
Sea Ranch Lakes, FL 33308
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
CT Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324  
P.O. Box NOT acceptable


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

Tyrone Shinn  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

09/18/2024  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Eric Carlson, Assistant Secretary  
\_\_\_\_\_  
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  
CR2E045 (04/13)