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From:

Account Name : TRIPP SCOTT, P.A. Account Number : 075350000065 Phone : (954)525-7500 Fax Number : (954)761-8475 Phone

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

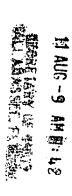
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REGISTERED AGENT CHANGE THE CLYDEY FOUNDATION, INC.

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

statement of cha	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Flo ad <mark>under the l</mark> aws of the Sta d agent, or both, in the Sta	te of FLORIDA		
1. The name of	the corporation: THE C	LYDEY FOUND	DATION, INC.			
2. The principal	office address: 4613 N	I. UNIVERSITY	DRIVE, #579, CORA	L SPRINGS, FL 33	067	
3. The mailing a	address (if different):				<u></u>	
4. Date of incorp	poration/qualification:	10/16/2007	Document number:	N07000010138		
	d street address of the cur rtment of State: (If resign		nt and registered office on i	file with the		
	TANYA L. BOWER	R, ESQ.				
	110 SE 6TH STREET, 15TH FLOOR					
	FORT LAUDERDA	LE, FL 33301				
6. The name and (if changed):	I street address of the new	w registered agent (if changed) and /or register	ed office		
	PETER HERMAN,	ESQ., TRIPP S	SCOTT, P.A.	يا پورد پانوند	R	
	110 SE 6TH STRE	ET, 15TH FLO	OR			
		P.O. Box NOT ac	ceptable		****	
	FORT LAUDERDA	LE, FL 33301		· · · ·		
The street address changed will	ess of its registered office be identical.	e and the street ad	dress of the business offic	e of its registered agent,	,	
			y its board of directors or led in writing of the chang			
Shan	re of anto fitter or director	· -	SHARON JACOBS	ON, PRESIDENT		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as regi to comply with the provi d I am familiar with and ng filed merely to reflect the province in writing	istered agent and a islons of all statute d accept the obliga et a change in the r g of this change.	igree to act in this capacit s relative to the proper a tion of my position as reg egistered office address, I	ty. od ocenniata noviorne ono	e 3 ?	
	half of an ansitus		Date			
ii signing on be	half of an entity:					
τ,	yped or Printed Name	·				

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)