ND700011209

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dr. Joseph P. D'Angelo Foundatin, Inc.

Name of Corporation

DOCUMENT NUMBER: N07000011269

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:

Dr. Joseph P. D'Angelo

Name of Contact Person

Dr. Joseph P. D'Angelo Foundation, Inc.

Firm/Company

400 Poinciana Drive

Address

Hallandale, FL 33009

City/State and Zip Code

Docd77@aol.com

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

For further information concerning this matter, please call:

Ingrid Palmer

...305

770-1141

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

statement of ch	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida
		registered agent, or both, in the State of Florida.
1. The name of	the corporation: Dr. Joseph P	. D'Angelo Foundation, Inc.
2. The principa	office address: 400 Poincian	a Drive, Hallandale, FL 33009
3. The mailing	address (if different):	
4. Date of incor	rporation/qualification: 11/20/20	Document number: N07000011269
	nd street address of the current registartment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)
	Ronald K. Hortman	
	3601 NE 170th Street	= 18
	N. Miami Beach, FL 331	60
6. The name an (if changed):	_	d agent (if changed) and /or registered office
	Ingrid Palmer	
	20 N.W. 181 Street	,
	P.O. Bo	ox NOT acceptable
	Miami, FL 33169	
The street addr	ress of its registered office and the sal be identical.	street address of the business office of its registered agent,
Such change wanthorized by	as authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change.
	<u></u>	Dr. Joseph P. D'Angelo - President
a di ati	ure of an officer or director	Printed or typed name and title
l further ligrée performance of	to comply with the provisions of all fine duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I ified in writing of this change.
Jugre	el ralnes	08/07/2014
- U Sig	gnature of Registered Agent	Date
If signing on bo	ehalf of an entity:	
Dr. Joseph F	P. D'Angelo Foundation, Inc.	
7	Typed or Printed Name	

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