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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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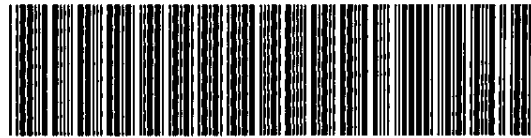
(Business Entity Name)

(Document Number)

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APPROVED
12/29/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Mulberry Tree 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:

Kaitlyn Mulberry
Name of Contact Person

The Mulberry Tree Foundation, Inc.
Firm/Company

5534 S Kanner Hwy
Address

Stuart, FL 34997
City/State and Zip Code

kaitlyn@themulberrytreefoundation.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kaitlyn Mulberry at (866) 881-8733
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

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

CR2E045 (8/05)