Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000131966 3)))



H200001319663ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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

Email A	ddress:	

REGISTERED AGENT CHANGE DAVID AND ARLEEN MCGLADE FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SECRETARY SEND

2020 HAY - 7 AM 11: 0

020 FT 1 17 2:5

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

tatement of chan	ge is submitted for a corporation orga	502, 607.1508, or 617.1508, Florida Statutes, t anized under the laws of the State of stered agent, or both, in the State of Florida.	his
. The name of th	DAVID AND ARLEEN office address: 7022 SE Harbor Circle.	NMCGLADE FOUNDATION, INC.	******
3. The mailing ad	dress (if different): 6 Catamount Lane	e, Littleton, CO 80127	
		Document number: N07000012136	
	street address of the current registered ment of State: (If resigned, enter resig	d agent and registered office on file with the med)	
_	MCGLADE, DAVID P		D : 0
_	7022 SE Harbor Circle		CH TAKI
	Stuart, F1. 34996		## T
(if changed):		gent (if changed) and /or registered office	7.
	Corporate Creations Network Inc.		C. 115.
	801 US Highway 1		
	North Palm Beach, FL 33408	Box NOT suceptable	
=		ted by its board of directors or by an officer snotified in writing of the change.	
		Caitlin Lazarus, Attorney-in-Fact	
I hereby accept to a light the light	to the other and an enterior the appointment as registered agent of comply with the provisions of all statement and accept the configuration of the configuration of the configuration of the configuration of this change in the notified in writing of this change in the configuration of the change in the change	end agree to act in this capacity. and agree to act in this capacity. latutes relative to the proper and complete pe bligation of my position as registered agent. the registered office address, I hereby confir ge.	erformance Or if this m that the
\		May 5. 2020	
Sign If signing on bel	asture of Registered Agent nalf of an epitty:	Date	
Caitlin Lazarus, S			
	ped 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)

850-617-6381

15612148442

RECEIVED 85/07/2020 10:47 5/7/2020 11:39:51 AM PAGE 1/001 Fax Server

May 7, 2020

FLORIDA DEPARTMENT OF STATE

DAVID AND ARLEEN MCGLADE FOUNDATION, INC.
600 BEACHVIEW DRIVE
PENTHOUSE SOUTH
VERO BEACH, FL 32963

SUBJECT: DAVID AND ARLEEN MCGLADE FOUNDATION, INC.

REF: N07000012136

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder Regulatory Specialist III FAX Aud. #: H20000131966 Letter Number: 220A00009370