## N09000002886

| (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. |
| Colored                                 |

Office Use Only



700439187167

11/08/24--01015--012

SECRETARY OF STATE



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| SUBJECT: CCA FOUNDATION, INC.                             |                    |                     |                                    |    |
|---|--------------------|---------------------|------------------------------------|----|
| Name of Corporation                                       | <del></del>        | ·                   | _                                  |    |
| DOCUMENT NUMBER: N09000002886                             | <del></del>        |                     | _                                  |    |
| The enclosed Statement of Change of Registered Office     | e/Agent and fee    | e are submitted for | filing.                            |    |
| Please return all correspondence concerning this matter   | r to the following | ıg:                 |                                    |    |
| Zach Tucker   |                    |                     |                                    |    |
| Name of Contact Person                                    |                    |                     |                                    |    |
| CCA FOUNDATION, INC                                       |                    |                     |                                    |    |
| Firm/Company  |                    |                     |                                    |    |
| 11550 CHAPIN LANE   |                    |                     |                                    |    |
| Address   | <del></del>        |                     |                                    |    |
| CAPTIVA, FL 33924   |                    |                     | 202<br>SE                          |    |
| City/State and Zip Code                                   |                    |                     | TAC Z                              | 77 |
| zach.tucker@ccacaptiva.org                                |                    |                     | 2024 NOV -8<br>SECRETAR<br>TALLAHI |    |
| E-mail address: (to be used for future annual repor       | t notification)    |                     |                                    |    |
| For further information concerning this matter, please of | call:              |                     | PM 4: 36<br>Y OF STAT<br>ASSEE, FL | Ü  |
| Zach Tucker   | at (314            | 504-9786            | . W                                |    |
| Name of Contact Person                                    | Area Co            | de & Daytime Tele   | phone 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

CR2E045 (04/13)

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

| statement of cha   | ange is submitted for a corporation orga   | 22, 607,1508, or 617,1508, Florida Statutes, this nized under the laws of the State of Florida  | <del></del>               |
|--|--|---|---------------------------|
|  | •  | ered agent, or both, in the State of Florida.   |                           |
| 1. The name of t   | the corporation: CCA FOUNDATION, IS  | C.  |                           |
| 2. The principal   | office address: 11550 CHAPIN LANECA  | PTIVA. FL 33924   |                           |
| 3. The mailing a   | address (if different): PO BOX 775CAPT   | VA. Fl. 33924   |                           |
| 4. Date of incorp  | poration/qualification: 03/20/2009   | VA. FL 33924  Document number: N09000002886   |                           |
| 5. The name and  |  | agent and registered office on file with the  |                           |
|  | Ankerson, Emily Hess   | · · · · · · · · · · · · · · · · · · ·   |                           |
|  | 11550 CHAPIN LANECAPTIVA, FL 33  |   |                           |
| 6. The name and (if changed):                            | d street address of the new registered age  Zach Tucker  | nt (if changed) and /or registered office   |                           |
|  |  | 924   | 2024                      |
|  | P.O. Bo  | NOT acceptable TALLAHA  | 2024 NOV -8               |
| The street address changed will                          | ess of its registered office and the street  | address of the business office of its registered ag   | gent.                     |
| Such change wa<br>authorized by th                       | as authorized by resolution duly adopte<br>he board, or the corporation has been no  | d by its board of directors or by an officer self-<br>otified in writing of the change.   | <b>կ։</b> 36              |
|  | A &  | Zach Tucker, Executive Director   |                           |
| 2-   | te of an officer or director   | Printed or typed name and title   |                           |
| I further agree i<br>of my duties, an<br>document is bei | the appointment as registered agent ar<br>to comply with the provisions of all stated<br>ad I am familiar with and accept the ob-<br>ing filed merely to reflect a change in the<br>speen notified in writing of this change | utes relative to the proper and complete perform<br>igation of my position as registered agent. Or, i<br>we registered office address, I hereby confirm tha | iance<br>f this<br>it the |
|  |  | 10/31/2024  |                           |
| Sign   | enature of Registered Agent  | Date  |                           |
| If signing on be   | chalf of an entity:  |   |                           |
|  | yped or Printed Name   |   |                           |

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