

N09000004189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2016
A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Arielle Anacker Cancer Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: N09000004189

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:

Diane Trivelli

Name of Contact Person

Arielle Anacker Cancer Foundation, Inc.

Firm/Company

5855 NW 119 Drive

Address

Coral Springs, FL 33076

City/State and Zip Code

dbt9765@aol.com

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

For further information concerning this matter, please call:

Diane Trivelli

Name of Contact Person

at (954) 249-5748

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**

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Arielle Anacker Cancer Foundation, Inc.

2. The principal office address: 5855 NW 119 Drive, Coral Springs, FL 33076

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/28/09 Document number: N09000004189

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Diane Trivelli

6664 NW 42 Terrace

Coconut Creek, FL 33073

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Diane Trivelli

5855 NW 119 Drive

P.O. Box NOT acceptable

Coral Springs, FL 33076

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Diane Trivelli, President Diane Trivelli, President
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Diane Trivelli April 15, 2016
Signature of Registered Agent Date

If signing on behalf of an entity:

Diane Trivelli, President for Arielle Anacker Cancer Foundation, Inc.

Typed 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 (03/12)