

No90000009609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

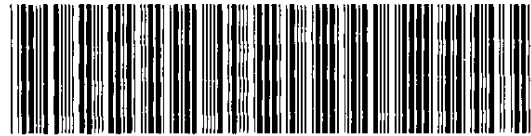
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600183978716

RA change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 AUG -6 PM 1:32

FILED

8/10/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TSBFoundation, Inc.
Name of Corporation

DOCUMENT NUMBER: N09000009609

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:

Evelyn E. Clegg
Name of Contact Person

TSB Foundation, Inc.
Firm/Company

200 East Robinson Street Suite 200
Address

Orlando, Florida 32801
City/State and Zip Code

eeclegg@tammysuttonbrown.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evelyn E. Clegg at (407) 440-4509
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**

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: TSB Foundation, Inc
2. The principal office address: 200 East Robinson Street Suite 200 Orlando, Florida 32801
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____
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)

Donna Draves, Esq. The Draves Law Firm

120 Concord Street

Orlando, Florida 32801

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

Evelyn E. Clegg

200 East Robinson Street Suite 200

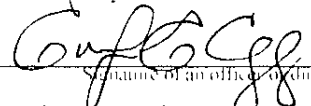
P.O. Box NOT acceptable

Orlando, Florida 32801

FILED
2010 AUG -6 PM 1:32
SECRETARY OF STATE
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.


Name of an officer or director

Evelyn E. Clegg, President

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.


Signature of Registered Agent

7/13/2010

Date

If signing on behalf of an entity:

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