## VIUUUU0976

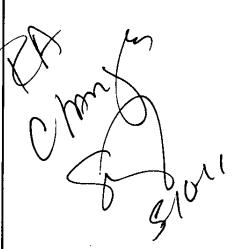
| (Requestor's Name)                      |                              |
|---|------------------------------|
| (Address)                               | 4002008145                   |
| (Address)                               |                              |
| (City/State/Zip/Phone #)                | 400200814<br>05/03/110103300 |
| (Business Entity Name)                  |                              |
| (Document Number)                       |                              |
| Certified Copies Certificates of Status |                              |
| Special Instructions to Filing Officer: |                              |
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## COVER LETTER

Division of Corporations Everglades Nation, Inc. SUBJECT: Name of Corporation N10000009726 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: Nancy Hill Name of Contact Person c/o Everglades Foundation, Inc. Firm/Company 18001 Old Cutler Road, Suite 625 Address Palmetto Bay, FL 33157 City/State and Zip Code nhill@evergladesfoundation.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nancy Hill at ( 305 ) 251.0001 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Taliahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

TO: Amendment Section

## 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  | <i>!</i>    |
|---|-------------|
| 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: Everglades Nation, Inc.   |             |
| 2. The principal office address: 18001 Old Cutler Road, Suite 625   |             |
| Palmetto Bay, FL 33157  | <del></del> |
| 3. The mailing address (if different):  |             |
| 4. Date of incorporation/qualification: 10/18/2010 Document number: N1000000  | 9726        |
| <ol> <li>The name and street address of the current registered agent and registered office on file with the<br/>Florida Department of State: (If resigned, enter resigned)</li> </ol>   |             |
| E. Thom Rumberger   |             |
| 215 So. Monroe Street, Suite 702  |             |
| Tallahassee, FL 32301   | 2011 F      |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   | MY -3       |
| Anna Upton, Esq.  |             |
| 215 So. Monroe Street, Ste.702  | ö           |
| P.O. Box NOT acceptable   | 57          |
| Tallahassee, FL 32301   |             |
| The street address of its registered office and the street address of the business office of its registered as changed will be identical.   | agent,      |
| 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.  Stanley H. Boynton, Vice Preside Printed or typed warms and thus   | <u>int</u>  |
| I hereby accept the appointment at registered agent and agree to act in this capacity.<br>I further agree to comply with the provisions of all statutes relative to the proper and complete perfo<br>of my duties, and I am familiar with and accept the obligation of my position as registered agent. O<br>document is being filed merely to reflect a change in the registered office address, I hereby confirm to<br>corporation has been notified in writing of this change. |             |
| Anald Mary 4/28/2011 Signature of Registered Agent Date   | <del></del> |
| if signing on behalf of an entity:  |             |
| Typed or Printed Name   |             |

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



April 22, 2011

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

The Everglades Foundation, Inc.

Everglades Nation, Inc.

Document No. N9400000923 Document No. N10000009726

Dear Sir or Madam:

Enclosed please find cover letters and Statements of Change of Registered Agent for Corporations together with a \$35.00 filing fee for each of the above-captioned corporations. Please process accordingly and return filed copies to me at the address listed below.

Kindly contact me if you have any questions or need any additional information. Thank you.

Sincerely,

Nancy Hill

**Executive Assistant**