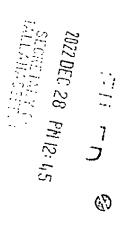
## N10000009883

(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:		
J. HORNE		
MAR 1 0 2023		

Office Use Only



300399439383



## COVER LETTER

TO: Amendment Section Division of Corporations	,
The Connie & Evan Duglin Foundation, Inc.  SUBJECT: Name of Corporation	c.
DOCUMENT NUMBER:	· · · · · · · · · · · · · · · · · · ·
The enclosed Statement of Change of Registered O	office/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Evan Duglin	
Name of Contact Person The Connie & Evan Duglin Foundation, Inc	
Firm/Company 4201 Golf Point Ct.	<del></del>
Address Tampa, FL 33618	<del></del>
City/State and Zip Code evandcei@hotmail.com	<del></del>
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, ple	ase call:
Evan Duglin	at (813 787-5713  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Do	epartment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Amendment Section Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

i. The name of	the corporation:	an Duglin Foundation, Inc.	
2. The principal	office address:	ir., Tampa, FL 33618	
3. The mailing		0 N10000009883	
4. Date of incor	poration/qualification:	Document number:	
5. The name an Florida Depa	d street address of the current reg rtment of State: (If resigned, ente	gistered agent and registered office on file with the er resigned)	
	Harold L. Harkins, Jr., resigned		
	3450 Buschwood Park Dr., Suite	112	
	Tampa, FL 33618		
6. The name an (if changed):	d street address of the new registe	tered agent (if changed) and /or registered office	
	Anthony J. DiPierro Jr.		-
	2901 W. Busch Blvd., Suite 301	P.O. Box NOT acceptable	- -
	Tampa, FL 33618	P.O. Box NOT acceptable	رم م
The street add as changed wi	ress of its registered office and the identical.	the street address of the business office of its registered agent.	E
Such change vauthorized by	vas authorized by resolution duly the board, or the corporation has	y adopted by its board of directors or by an officer so s been notified in writing of the change.	
		Laurence Duglin, Vice President	
	ture of an officer or director	Printed or typed name and title	
I hereby accept further agree of my duties, a document is be corporation h	ot the appointment as registered e to comply with the provisions a and I am familiar with and accep eing filed merely to reflect a cha as been notified in writing of this	l agent and agree to act in this capacity. of all statutes relative to the proper and complete performanc pt the obligation of my position as registered agent. Or, if thi ange in the registered office address. I hereby confirm that the is change.	e \$
Outry h	V=1.	November 17, 2022	
	ignature of Registered Agent	Date	
	pehalf of an entity:		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314