03/11 2021 Usion of C 3/11/202 orations orida Department ate Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000099160 3)))



H210000991603ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:						
	Division of Co	rporations				
5 I		: (850)617-6380				
·· F From:						
	Account Name	: URS AGENTS LLC				
	Account Number	: 120150000127				
	Phone	: (800)567-4397				
•	Fax Number	: (800)567-4398				
					262	
**Enter the email address for this business entity to be used for full					•	
annual report mailings. Enter only one email address please.**			ie.**	ن		
	•					· •
Ema	11 Address: <u> mor</u>	tjoy@urscompliance.	com		~	
						7

REGISTERED AGENT CHANGE

EMERGENCY ASSISTANCE FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

YOUKER

Electronic Filing Menu

Corporate Filing Menu

MA:Help 2021

(((H21000099160 3)))

COVER LETTER

TO: Amendment Section **Division of Corporations**

EMERGENCY ASSISTANCE FOUNDATION, INC. SUBJECT:

N11000004324 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:

Douglas Stockton Name of Contact Person EMERGENCY ASSISTANCE FOUNDATION, INC. Firm/Company 700 S. Dixie Highway, STE 107 West Palm Beach, FL 33401 City/State and Zip Code JMontjoy@urscompliance.com E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy

Name of Contact Person

800 567-4397 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Malling 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

03/11/2021 11:22

(((H21000099160 3)))

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

1. The name of the corporation: EMERGENCY ASSISTANCE FOUNDATION, INC.

2. The principal office address: 700 S. Dixie Highway, Ste 107WEST PALM BEACH, FL 33401

The malling address (if different);

Document number: N11000004324 4. Dats of Incorporation/qualification: 05/02/2011

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)

Stockham, Douglas A

700 S. Dixie Highway, Ste 200

WEST PALM BEACH, FL 33401

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

URS AGENTS, LLC	<u> </u>
3458 LAKESHORE DRIVE	
P.O. Box NOT acceptable	
TALLAHASSEE, FL 32312	
The street address of its registered office and the street address of the business office as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or authorized by the board, or the corporation has been notified in writing of the chan Hanglas Atochan Signature of an other or director I hereby accept the appointment as registered agent and agree to act in this capaci	by an officer so:
I further agree to comply with the provisions of all statutes relative to the proper as performance of my duties, and I am familiar with and accept the obligation of my p agent. Or, if this document is being filed merely to reflect a change in the registere hereby confirm that the corporation has been notified in writing of this change.	nd complete position as registered nd office address, I
Kotthu Charter 3/11/2021 Signifulto of Registered Ageni	

If signing on behalf of an entity:

Kathy Clark, Assistant Secretary

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)