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Special Instructions to	Filing Officer:	
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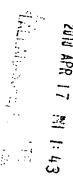
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date: 4/17/18	Account#: I2000000088	
Name: KEN HOWELL	_	
Reference #: B100733		
Entity Name: THE SANTONIO HOLM	ES III & LONG FOUNDATION INC.	
Articles of Incorporation/Autho	التابعة rization to Transact Business	
Amendment	ੇ ਹ	
✓ Change of Agent	Ç	
Reinstatement		
Conversion	ISSUES - CALL KEN @ 518-213-0738	
☐ Merger	010 2 10 0 /30	
Dissolution/Withdrawal		
Fictitous Name		
Other		
Authorized Amount: \$38 Signature:	5.00	
	- -	

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

statement of ch	e provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this name is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: THE SANTONIO HOLMES III & LONG FOUNDATION INCo. al office address: 515 East Park Ave., 2nd Floor, Tallahassee, FL 32301	, ,
3. The mailing a	address (if different):	
4. Date of incor	rporation/qualification: 6/2/2011 Document number: N11000005396	_
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Capitol Corporate Services, Inc.	
	515 East Park Avenue 2nd Fl	#.
	Tallahassee, FL 32301	,,,,
6. The name and (if changed):	ad street address of the new registered agent (if changed) and /or registered office	
	Cogency Global Inc.	
	115 North Calhoun St., Suite 4	
	P.O. Box NOT acceptable	
	Tallahassee, FL 32301	
The street address as changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board or the corporation has been notified in writing of the change.	
1	Santonio Holmes, President	
	ure of an officer or director Printed or typed name and title	
Thereby accept I further agree I performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.	
She	Wildle 4-17-18 gradure of Registered Agent Date	
•	chalf of an entity:	
Shenyl A	Typed or Printed Name	

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