

**n1200005751**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.  
Account Number : 076077002775  
Phone : (407) 246-8678  
Fax Number : (407) 645-3728

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: DFRICKER@WHWW.COM

**REGISTERED AGENT CHANGE  
DREW GOODEN FOUNDATION INC**

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

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2019 JUL 24 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JUL 24 AM 11:04

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# 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: DREW GOODEN FOUNDATION, INC.
2. The principal office address: 1991 Corporate Square, Unit #173, Longwood, FL 32750
3. The mailing address (if different): 13506 Summerport Village Pkwy, Unit #396, Windermere, FL 34786
4. Date of incorporation/qualification: 06/08/2012 Document number: N12000005751
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)  
Chris McDirmit  
255 S. Orange Avenue, Suite 1545  
Orlando, FL 32801
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
WHWW, Inc.  
329 Park Avenue North, Second Floor  
P.O. Box NOT acceptable  
Winter Park, FL 32789

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.

Deborah Fricke  
 Signature of an officer or director

Deborah Fricke, Auth. Rep.

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.

Deborah Fricke  
 Signature of Registered Agent

7/24/2019  
 Date

If signing on behalf of an entity:

Deborah Fricke, VP

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

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