

N120000008795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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STATE
TALLAHASSEE, FLORIDA

JUL 16 2015
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA FOUNDATION FOR PULMONARY ARTERIAL HYPERTENSION, INC.
Name of Corporation

DOCUMENT NUMBER: N12000008795

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:

NEIL I. RUMBAK

Name of Contact Person

RUMBAK LAW, P.A.

Firm/Company

7000 W. PALMETTO PARK ROAD, SUITE 210

Address

BOCA RATON, FL 33433

City/State and Zip Code

nrumbak@rumbaklaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NEIL I. RUMBAK

Name of Contact Person

at (**954**) **944-3929**

Area Code & Daytime Telephone Number

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

Mailing 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

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

**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: FLORIDA FOUNDATION FOR PULMONARY ARTERIAL HYPERTENSION, INC.

2. The principal office address: 4304 Oakhurst Terrace
Tampa, FL 33618

3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: 112000008795

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)

RUMBAK LAW, P.A.

2310 E ATLANTIC BLVD, STE 208

POMPANO BEACH, FL 33062

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

7000 W. PALMETTO PARK ROAD, SUITE 210

P.O. Box NOT acceptable

BOCA RATON, FL 33433

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

Signature of an officer or director

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.

Neil Rumbak
Signature of Registered Agent

July 9, 2015
Date

If signing on behalf of an entity:

RUMBAK LAW, P.A.

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)