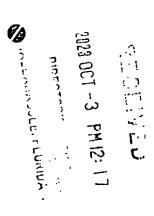
## M13000004W5

	(Requestor's Na	me)	
	. <u>.</u>		
	(Address)		
	(Address)		
	(City/State/Zip/P	hone #)	
	, ,		
PICK-UP	·   WA	ΙT	MAIL
_			
	(B E X		
	(Business Entity	Name)	
	(Document Num	ber)	
Certified Copies	_ Certi	ficates of Sta	atus
		<del>.</del>	1
Special Instructions to	Filing Officer:	J. HOF	RNE
		ULI - 4	2023

Office Use Only

200416679062







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	10/03/2023				
	Juliana				
Reference	2139229				
Entity Nan	ne:PUTNAM FAMILY	FOUNDATION, INC.			
☐ Arti	cles of Incorporation/Authorization t	o Transact Business			
☐ Am	endment				
Reinstatement					
☐ Cor	Conversion				
☐ Merger					
☐ Dissolution/Withdrawal					
Fictitious Name					
Oth	er				
Authorized	d Amount: <b>\$35.00</b>				
Signature:	Juliana Prestia				



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 10/03/2023				
Name: Juliana				
Reference #: 2139229				
Entity Name: PUTNAM FAMIL	FOUNDATION, INC.			
<ul><li>☐ Articles of Incorporation/Authorization t</li><li>☐ Amendment</li><li>✓ Change of Agent</li></ul>	o Transact Business			
☐ Reinstatement ☐ Conversion				
☐ Merger				
<ul><li>☐ Dissolution/Withdrawal</li><li>☐ Fictitious Name</li><li>☐ Other</li></ul>				
Authorized Amount: \$35.00 Signature: Auliana Prestia				

F: 800.944.6607

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

BJECT: PUTNAM FAMILY FOUNDATION, INC.		
:N13000004105		
hange of Registered Office/Agent and fee are submitted for filing.		
ence concerning this matter to the following:		
0.7 0.1 0.1 0.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1		
CY GLOBAL INC.		
alhoun Street, Suite 4		
<del></del>		
ssee, FL 32301		
<del></del>		
dlittwin@dugganbertsch.com		
d for future annual report notification)		
erning this matter, please call:		
at () ntact Person		
ntact Person Area Code & Daytime Telephone Nur		

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this proporation organized under the laws of the State ofFlorida		
	l office or registered agent, or both, in the State of Florida.		
1. The name of the corporation:	PUTNAM FAMILY FOUNDATION, INC.		
2. The principal office address:	685 2ND STREET SOUTH		
	NAPLES, FL 34102		
3. The mailing address (if different):			
4. Date of incorporation/qualification:	04/29/2013 Document number: N13000004105		
5. The name and street address of the cur Florida Department of State: (If resign	rent registered agent and registered office on file with the ed. enter resigned)		
<u> </u>	DUGGAN BERTSCH, PLLC		
875 109TH AVENUE N SUITE 302			
	NAPLES, FL 34108		
6. The name and street address of the new (if changed):	w registered agent (if changed) and /or registered office		
	Cogency Global Inc.		
115	5 North Calhoun Street, Suite 4		
	P.O. Box NOT acceptable		
. <u></u>	Tallahassee, Florida 32301		
The street address of its registered offic as changed will be identical.	e and the street address of the business office of its registered agent.		
Such change was authorized by resolutionathorized by the board, or the corporate	on duly adopted by its board of directors or by an officer so ion has been notified in writing of the change.		
/S/ James M. Duggan	James M. Duggan		
Signature of an officer or director	Printed or typed name and title		
I hereby accept the appointment as regi I further agree to comply with the provi of my duties, and I am familiar with and document is being filed merely to reflec corporation has been notified in writing	istered agent and agree to act in this capacity, isions of all statutes relative to the proper and complete performance descept the obligation of my position as registered agent. Or, if this is a change in the registered office address, I hereby confirm that the confirmation is a confirmation of the confirmation of the confirmation is the confirmation of the confirm		
/S/ Sean Chase	09/28/2023		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Sean Chase			
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 (04/13)