

N13000004595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR

1/13/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 952035 7975713

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 35.00

ORDER DATE : January 7, 2014

ORDER TIME : 3:56 PM

ORDER NO. : 952035-010

CUSTOMER NO: 7975713

CHANGE OF AGENT

NAME: THE OLYMPUS FOUNDATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER: _____

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE OLYMPUS FOUNDATION, INC.
2. The principal office address: 4912 CREEKSIDE DR, CLEARWATER, FL 33760
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/15/2013 Document number: N13000004595
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)

JONATHAN GOLDEN

4912 CREEKSIDE DR

CLEARWATER

FL 33760

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

Paul M. Casner

Signature of an officer or director

PAUL CASNER, 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.

Corporation Service Company

By: Stephanie Milnes Asst. V.P.

1/10/2014

Date

If signing on behalf of an entity:

Stephanie Milnes

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)

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