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Division of Corporations

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Account Number : 076117000420 Phone : (561)650-0728 Fax Number : (561)671-2527

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

Address:	SIATE PATION URIDA	<u>-</u>
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ARBOU	H	- -
Certifica	4.55.7 2.5.7	-

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REGISTERED AGENT CHANGE HARBOUR RIDGE FAMILY FOUNDATION, INC.

Certificate of Status	0
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Electronic Filing Menu

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Help

CR2E045 (04/13)

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

statement of cha	unge is submitted for a corporation (7.0302, 607.1308, or 617.1308, Florida Statu organized under the laws of the State of <mark>Flori</mark> registered agent, or both, in the State of Flori	da	_
1. The name of	the corporation: HARBOUR RIDGE	E FAMILY FOUNDATION, INC.		
2. The principal PALM CITY, FI	office address: 12600 HARBOUR R	IDGE BLVD.	_	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 05/23/2013	Document number: N1300000495	6	
	d street address of the current register tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	ie	
	CORNETT, JANE L, ESQ.			
	759 SW Federal Hwy #213		∴ 2 1	
	STUART, FL 34994	ب ابر د د د د د د د د د د د د د د د د د د د	2024 HAY 16 360.565.8	
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office	-<	r n
	GY CORPORATE SERVICES, INC		PH I2:	Ċ
	777 S FLAGLER DRIVE SUITE 50	0E '	:: 33 }}	
	WEST PALM BEACH, FL 33401	O. Box NOT acceptable	17, 25	
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of its reg	gistered age	ent,
Such change was authorized by th	as authorized by resolution duly ad the board, or the corporation has bee	opted by its board of directors or by an officen notified in writing of the change.	er so	
/s/ Constanc	e Humphrey	Constance Humphrey, President		
I hereby accept I further agree to of my duties, and document is bei	to comply with the provisions of all d I am familiar with and accept the	Printed or typed name and title nt and agree to act in this capacity. I statutes relative to the proper and complet e obligation of my position as registered agr in the registered office address, I hereby co ange.	ent. Or. it	this
/s/ Melanie B	. Stocks	May 11, 2024		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Melanie B. Stock	s, Asst. Secretary			
Τ	yped or Printed Name	C FFF · \$35 00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314