**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			202 1741	
	Division of Corporations			
	Fax Number	: (850)617-6380	2020 APR	
From:			1	
	Account Name	: REGISTERED AGENTS INC.	<i>L</i> 2	,
	Account Number	: I20090000081	. 7	<b>=</b>
	Phone	: (307)200-2803	_=	
	Fax Number	: (855)330-1010	ب	·
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			<u> </u>	$\supset$
Enter the e	email address for	r this business entity to be used fo	or future	
annual	report mailings.	Enter only one email address pleas	e.**	
Email A	ddress:			

## REGISTERED AGENT CHANGE AMERICAN FRIENDS OF TENUFA BAKEHILA, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Sta nized under the laws of the State of ered agent, or both, in the State of Flo.	<del></del>
1. The name of the co	orporation: American Friends of Ter	nufa Bakehila, Inc.	
	ce address: 1026 Cornwall B Boca R		
3. The mailing address	ss (if different):		
4. Date of incorporate	ion/qualification: 04/02/14	Document number: N14000003	
	et address of the current registered a nt of State: (If resigned, enter resigne	ngent and registered office on file with ed)	2020 APR
UNI	TED STATES CORPORATION AG	GENTS, INC.	7-2
557	75 S. SEMORAN BLVD. SUIT	TE 36	
ORL	LANDO., FL 32822		AH 9: 10
6. The name and stree (if changed):	et address of the new registered age	nt (if changed) and /or registered office	70
Re	gistered Agents Inc.		
790	01 4th St N STE 300		
<u></u>	P.O. Box NOT	acceptable	
<u>5t.</u>	Petersburg FL 33702		
The street address of as changed will be ic	f its registered office and the street dentical.	address of the business office of its re	gistered agent,
Such change was autauthorized by the bo	thorized by resolution duly adopted ard, or the corporation has been no	by its board of directors or by an offitified in writing of the change.	icer so
Jennifer	Doldman	Jennifer Goldman, President	
I further agree to con performance of my d agent. Or, if this doo	uities, ana i am familiar with ana a	utes relative to the proper and comple occept the obligation of my position as ect a change in the registered office a	registered
Bel Hame		4/2/20	
•	of Registered Agent	Date	
If signing on behalf of	of an entity:		
Bill Havre	r Printed Name		
••	* * * FILING FE	E: \$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)