## NY100000214

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AUG 3 1 2015 C. CARROTHERS

## COVER LETTER

**TO:** Amendment Section Division of Corporations

Name of Corporation
N1400007214

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:

Daniel Brosnihan III

Name of Contact Person

PAM MCCLOSKEY BROSNIHAN FOUNDATION INC

Firm/Company

PO BOX 3192

Address

BOYNTON BEACH, FL 33424-3192

City/State and Zip Code

pmb.foundation@yahoo.com

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

For further information concerning this matter, please call:

Daniel Brosnihan III 324-198

Name of Contact Person 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

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

	•	02, 607.1508, or 617.1508, Florida Statutes	s, this
	•	nized under the laws of the State of Florida tered agent, or both, in the State of Florida.	
		·	
		EY BROSNIHAN FOUNDATION	INC
	<sub>iddress:</sub> 6292 GRAND CYI , FLORIDA, 33463	PRESS CIRCLE	
<del></del>	(if different): PO BOX 3192	<u> </u>	
	EACH, FLORIDA 33424		
		2014 Document number: N14000007	′214
5. The name and street a		agent and registered office on file with the	
UNIT	ED STATES CORPOR	CORPORATION AGENTS, INC.	
1330	13302 WINDING OAKS BLVE SUITE A		AUG 2
TAM	TAMPA, FL 33612		्रभूद्ध क
6. The name and street a (if changed):	address of the new registered age	nt (if changed) and /or registered office	PH 12: 09
DAN	IEL BROSNIHAN III		ir —
3715	GOLF ROAD		
POV	P.O. Box NOT	•	
<u> </u>	NTON BEACH, FL 3343		
The street address of its as changed will be iden	registered office and the street tical.	address of the business office of its registe	ered agent,
Such change was authorized by the board	rized by resolution duly adopted, or the corporation has been no	by its board of directors or by an officer tified in writing of the change.	so
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DANIEL BROSNIHAN III PRESIDI		& CEO
I further agree to comple performance of my dution agent. Or, if this docum	ointment as registered agent an ly with the provisions of all state es, and I am familiar with and a	utes relative to the proper and complete accept the obligation of my position as reg ect a change in the registered office addre	ristered ess, I
DAM.	•	AUGUST 25, 2015	
Signature of R	egistered Agent	Date	
If signing on behalf of a	in entity:		
Typed or Prii	nted 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)