

N14000009832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

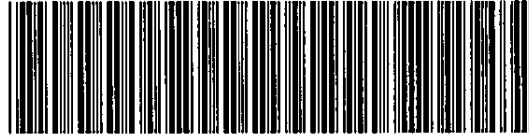
(Business Entity Name)

(Document Number)

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OCT 15 2014
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARYN J CLAYMAN CHARITABLE FOUNDATION INC
Name of Corporation

DOCUMENT NUMBER: N14000009832

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:

CARYN J CLAYMAN

Name of Contact Person

Firm/Company

PO BOX 810186

Address

BOCA RATON, FL 3381

City/State and Zip Code

CJC@CJCLAYMAN.COM

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

For further information concerning this matter, please call:

CARYN J CLAYMAN

Name of Contact Person

at (561) 393-1900

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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CARYN J. CLAYMAN CHARITABLE FOUNDATION INC
2. The principal office address: 6553 NW 39TH TERRACE
BOCA RATON, FL 33496
3. The mailing address (if different): PO BOX 810186
BOCA RATON, FL 33481
4. Date of incorporation/qualification: 10/15/2014 Document number: N14000009832
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)

CARYN J CLAYMAN

2499 GLADES ROAD, SUITE 110

BOCA RATON, FL 33431

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

CARYN J CLAYMAN

5550 GLADES ROAD, SUITE 500

P.O. Box NOT acceptable

BOCA RATON, FL 33431

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.

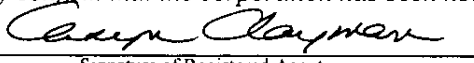


Signature of an officer or director

CARYN CLAYMAN, PRESIDENT

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.



Signature of Registered Agent

10/13/15

Date

If signing on behalf of an entity:

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA