

N15000001878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

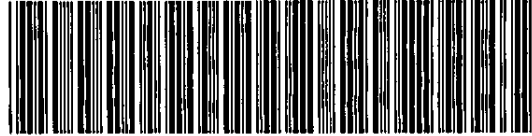
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

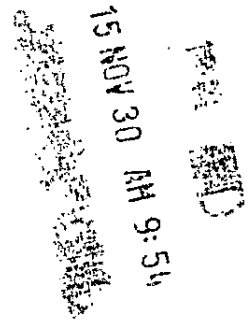
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15 NOV 30 AM 9:54

TO: Amendment Section
Division of Corporations

SUBJECT: CHANGE YOUR SHOES FOUNDATION, INC
Name of Corporation

DOCUMENT NUMBER: N 15 000001878

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:

KATHERINE ANDERSEN
Name of Contact Person

CHANGE YOUR SHOES FOUNDATION, INC
Firm/Company

90 ALTON RD, SUITE 3102
Address

MIAMI BEACH FL 33139
City/State and Zip Code

KATHY@CHANGEYOURSHOESFOUNDATION.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHY ANDERSEN at (786) 423 2191
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**

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: CHANGE YOUR SHOES FOUNDATION, INC
2. The principal office address: 90 ALTON RD, SUITE 3102
MIAMI BEACH FL 33139
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/18/2015 Document number: N 15000001878

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)

KATHERINE ANDERSEN
15722 SUNNYCAND CANE
WELLINGTON FL 33419

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

KATHERINE ANDERSEN
90 ALTON RD, SUITE 3102
P.O. Box NOT acceptable
MIAMI BEACH FL 33139

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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]
Signature of an officer or director

KATHERINE ANDERSEN, 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]
Signature of Registered Agent

11/23/2015
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