N15000005569

(Re	questor's Name)	
(Ad	dress)	
(Address)		<u></u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





300277215023

09/23/15--01007--017 **35.00



SEP 28 2015 C McNAIR

COVER LETTER

Division of Corporations
SUBJECT: National Wishing Well Foundation Inc
DOCUMENT NUMBER: N 15 00000 5549
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:
Clearwater F1 33762 City/State and Zip Code City/State and Zip Code Clearwater F1 32762
H-mail address: To be used for future annual report notification)
For further information concerning this matter, please call: United Novis at 25,934 2162 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

TO:

Amendment Section

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

statement of change is submitted for a corporation organized under the laws of the State of Lorida Statutes, this in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: National Wishing Well Foundation
2. The principal office address: 2655 Ul mertor Rd Ste 121 Clearwater F1 33762
3. The mailing address (if different):
4. Date of incorporation/qualification: U-1-15 Document number: N 1500005566
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)
anthony George
1205 Gateway blvd. Unit 300-132 Boynton Black, FI 33426
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Anthory Greer & 23 2655 Ulmerton Rd Ste 121 P.O. Box NOT acceptable Clearwater F1 33202
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 Signature of an officer or director 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.
arthy sega 9-21-2015
Signature of Registered Agent Date If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *