

N16000000 1918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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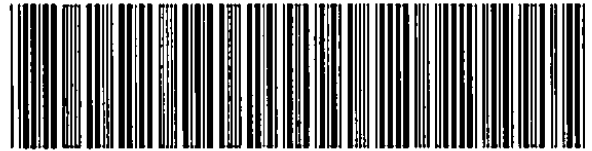
(Business Entity Name)

(Document Number)

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# COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Phil Esposito Family Foundation  
Name of Corporation

DOCUMENT NUMBER: N16000001918

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:

Renee Pichalla  
Name of Contact Person

5835 Bayn Grande Blvd NE  
Firm/Company  
Address  
St Petersburg FL 33703  
City/State and Zip Code

rene@pmconsulting.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renee Pichalla at ( 813 ) 563 1900  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: Phil Esposito Family Foundation, Inc.
2. The principal office address: 5835 Bayou Grande Blvd NE  
St Petersburg FL 33703
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/25/2016 Document number: N1600000 1918
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)

Resigned

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

Renee A Puchalla

5835 Bayou Grande Blvd NE

P.O. Box NOT acceptable

St Petersburg FL 33703

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.

Renee A Puchalla

Signature of an officer or director

Renee A Puchalla VP

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.

Renee A Puchalla

Signature of Registered Agent

6/11/20

Date

If signing on behalf of an entity:

Renee A Puchalla

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 (04/13)

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