N16000002628

	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Sasmoss Emily Hame)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/12/2022	
	Jennifer Bialowas	_
	1795030	_
Entity Name:	THE JOHN GALAI	NTI FOUNDATION, INC.
✓ Article	es of Incorporation/Authorization	to Transact Business
☐ Amen	dment	
☐ Chang	ge of Agent	
Reinst	tatement	
☐ Conve	ersion	
☐ Merge	er .	
☐ Dissol	ution/Withdrawal	
☐ Fictitio	ous Name	
Other_		
Authorized Ai	mount: 35.00	
Signature:		

F: 800.944.6607

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

statement of cha	inge is submitted for a corporat), 617.0502, 607.1508, or 617.1508, Fla ion organized under the laws of the Sta or registered agent, or both, in the Sta	ue of Florida
		JOHN GALANTI FOUN	•
	office address: No Change		
3. The mailing a	nddress (if different):		
4. Date of incorp	poration/qualification: Marcl	n 10, 2016 Document number:	N16000002628
	d street address of the current re rtment of State: (If resigned, ent	gistered agent and registered office on er resigned)	file with the
	UNIVERSAL REC	SISTERED AGENTS, INC	<u>. </u>
	1317 C	ALIFORNIA ST.	~~
	TALLAHA	SSEE, FL 32304	022 0
6. The name and (if changed):	d street address of the new regis	tered agent (if changed) and /or registe	N
	COGENCY GLO	BAL INC.	
	115 North Calhou	In St., Suite 4	AMII: 09
	Tallahassee, FL	'	
The street address changed will	ess of its registered office and t be identical.	he street address of the business office	e of its registered agent.
Such change wa	as authorized by resolution dub	y adopted by its board of directors or be been notified in writing of the chang	ov an officer so
/s/ John R. Galanti		John R. Galanti	President
I hereby accept I further agree is performance of	the appointment as registered to comply with the provisions a my duties, and Lam familiar w	agent and agree to act in this capacit of all statutes relative to the proper an oith and accept the obligation of my po- ely to reflect a change in the registered notified in writing of this change.	y. d complete scition as registered
/s/ Sean Hor		10/11/2022	
	nature of Registered Agent half of an entity:	Date	

Sean Honan, Assistant Secretary

Typed or Printed Name

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