## 16000603782

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	<del>_</del>	s of Status
Special Instructions to  Pore with We  Yorke with W	Filling Officer:  Approved  approved  approved	versteinen to delete
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Office Use Only



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S. TALLENT APR 2:0 2017

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** DRAWN FROM VALOR, INC Name of Corporation N16000003782 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: Todd Silverstein Name of Contact Person DRAWN FROM VALOR, INC Firm/Company 321 Fulton Street Palo Alto, CA 94301 City/State and Zip Code todd@drawnfromvalor.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Todd Silverstein Area Code & Daytime Telephone Number Name of Contact Person

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida (FL) er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: DRAWN FROM VALOR, INC office address: 909 SW 115th Street, Gainesville, FL 32607	
3. The mailing a	address (if different): N/A	
4. Date of incorp	poration/qualification: 13 APR 2016 Document number: N16000003782	_
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Cook Clark, LLC	
	601 21st Street, Ste 300, Vero Beach, FL 32960	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	Star Sancono ID MAco	
	Salter Feiber, P.A.	
	P.O. Box NOT acceptable 3940 NW 16th Blvd, Bldg. B, Gainesville, FL 32605	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
_	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Total	Todd Silverstein, President & CEO	
l hereby accept I further agree to performance of agent. Or, if the	Trinted or typed name and title  the eppointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
X	02 MAR 2017	
	plature of Registered Agent Date	
If signing on be	chalf of an entity:	
т	yped or Printed Name	

Make checks payable to Florida Department of State
14.11 TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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