## N1600000 6303

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	WAIT :	MAIL		
(Business Entity Name)				
(Document Number)				
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JUL 2 5 2020 S. YOUNG

## **COVER LETTER**

TO:

Amendment Section

Division of Corporations
SUBJECT: ONE MORE DAY FOUNDATION, INC. Name of Corporation
DOCUMENT NUMBER: N16000006303
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:
LOVEITE DOBSON
Name of Contact Person
INCFILE.COM LLC
Firm/Company
17350 STATE HWY 249 STE 220
Address
HOUSTON, TX 77064
City/State and Zip Code
EFILE1234@INCFILE.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LOVETTE DOBSON at (855 )829-9090  Name of Contact Person Area Code & Daytime Telephone Number
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

CR2E045 (04/13)

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

statement of cha	provisions of sections 60/.0302, 61/.03 nge is submitted for a corporation orga r to change its registered office or regis	nized under the laws of the State of <u>F</u> I	LORIDA	
2. The principal	he corporation: ONE MORE DAY FOU office address: 652 ELM STREET, ENG	SLEWOOD, FL 34223		
2. The principal	office address			
3. The mailing a	ddress (if different): 652 ELM STREET	, ENGLEWOOD, FL 34223		
4. Date of incorp	ooration/qualification: 652 ELM STREET	Document number: N1600000	6303	
5. The name and	I street address of the current registered tment of State: (If resigned, enter resign	agent and registered office on file with		
	UNITED STATES CORPORATION AC	GENTS, INC.		
	ORLANDO., FL 32822		7820	
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered offic	2820 JUN 16 AM	
	LEGALINC CORPORATE SERVICES	INC.	M 7: 24	
5237 SUMMERLIN COMMONS SUITE 400				
	FORT MYERS, FL 33907			
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its	registered agent,	
	as authorized by resolution duly adopt he board for the corporation has been r			
Jarah	Milten-Grigsby	SARAH WHITTEN-GRIGSBY - PI	)	
	ire of an officer or director	Printed or typed name and title		
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent a to comply with the provisions of all sta and I am familiar with and accept the ol ing filed merely to reflect a change in s been notified in writing of this chang	ind agree to act in this capacity. stutes relative to the proper and comp bligation of my position as registered the registered office address, I hereby ie.	olete performance agent. Or, if this v confirm that the	
Path	Lelimenti	06/07/2020		
Sig	gnature of Registered Agent	Date		
If signing on be	chalf of an entity:			
PATTY SCLIM	ENTI - DIRECTOR			
	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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