

N16000006597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

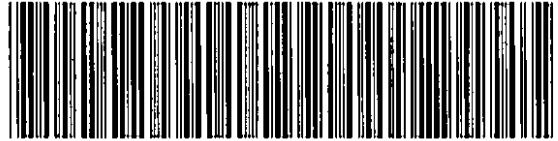
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FILED
18 AUG 27 PM 4:29
SOUTH FLORIDA
TALLAHASSEE, FLORIDA

AUG 27 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2018

MICHAEL A BROWN
THE TECHREN FOUNDATION INC
25245 IRONWEDGE DRIVE
SORRENTO, FL 32776

SUBJECT: THE TECHREN FOUNDATION, INC.
Ref. Number: N16000006597

We have received your document for THE TECHREN FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 218A00016687

RECEIVED
18 AUG 27 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Techren Foundation Inc.

Name of Corporation

DOCUMENT NUMBER: N16000006597

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:

Michael A. Brown

Name of Contact Person

The Techren Foundation Inc.

Firm/Company

25245 Ironwedge Drive

Address

Sorrento, FL, 32776

City/State and Zip Code

mbrown@thetechrenfoundation.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natasha Brown

407 844-2845

Name of Contact Person

at (_____) _____
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

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

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: The TechRen Foundation Inc.
2. The principal office address: 25245 Ironwedge Drive, Sorrento, FL, 32776

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/30/2016 Document number: N16000006597

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)

Natasha Hill

2512 Woodgate Blvd, Apt 105

Orlando, FL, 32822

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

Natasha Brown

2512 Woodgate Blvd, Apt 105

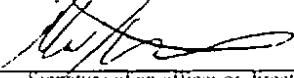
P.O. Box NOT acceptable

Orlando, FL, 32822

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TALLAHASSEE, FLORIDA

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

Michael A. Brown/ Program 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.



Signature of Registered Agent

8/20/2018

Date

If signing on behalf of an entity:

Michael A. Brown

Typed or Printed Name

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