

N16 000009808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

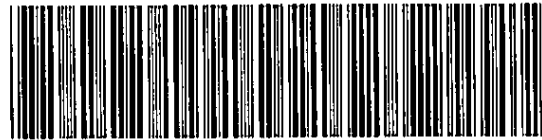
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHARITIES FUNDING PARTNERSHIPS FOR AMERICA CORPORATION
Name of Corporation

DOCUMENT NUMBER: N16000009808

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:

Thomas S. Reed

Name of Contact Person

CHARITIES FUNDING PARTNERSHIPS FOR AMERICA CORPORATION

Firm/Company

7901 4th St N STE 300

Address

St. Petersburg FL 33702

City/State and Zip Code

director@charitiesfundingpartners.com

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

For further information concerning this matter, please call:

Thomas S. Reed

Name of Contact Person

at (305) 575-9528

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: CHARITIES FUNDING PARTNERSHIPS FOR AMERICA CORPORATION

2. The principal office address: 7901 4th St N STE 300 St. Petersburg FL 33702

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/01/16 Document number: N16000009808

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)

Thomas S. Reed

11724 SW 115 Terrace

Miami, FL 33186

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

Registered Agents Inc.

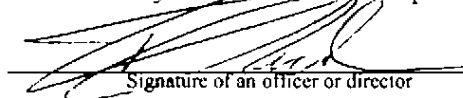
7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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

Thomas S. Reed, President

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

03/20/2021

Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

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