

NI6000011478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

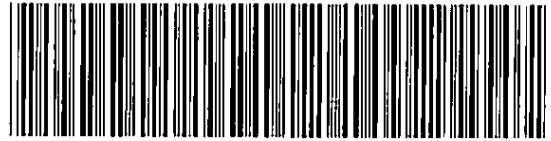
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: MARY WELSH FOUNDATION, INC
Name of Corporation

DOCUMENT NUMBER: N16000011478

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:

ROBIN FOSTER-WARNER

Name of Contact Person

MARY WELSH FOUNDATION INC-CORPORATE OFFICE

Firm/Company

4826 Cheval Blvd.

Address

Lutz, FL 33558

City/State and Zip Code

ROBINFOSTER80@GMAIL.COM

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

For further information concerning this matter, please call:

ROBIN FOSTER-WARNER

Name of Contact Person

at (813) 215-0066

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

**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: MARY WELSH FOUNDATION, INC - CORPORATE OFFICE
2. The principal office address: 4826 Cheval Blvd., Lutz FL 33558
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/22/2018 Document number: N16000011478

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)

SHELDON D MCMULLEN, ATTORNEY AT LAW

1501 S DALE MABRY HWY SUITE A-10

TAMPA, FL 33629

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

SHELDON D MCMULLEN PA

4816 W GANDY BLVD

P.O. Box NOT acceptable

TAMPA, FL 33611

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

ROBIN FOSTER-WARNER

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.

04-25-2024

Signature of Registered Agent

Date

If signing on behalf of an entity:

SHELDON D MCMULLEN

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
_____ to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: THE MARY WELSH FOUNDATION, INC