

N1600001194/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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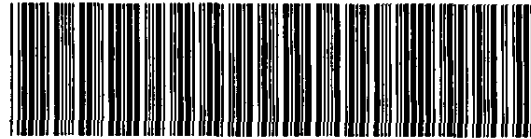
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
MAIL ROOM
1111 ALABAMA AVE N
TALLAHASSEE, FL 32304

APR 13 2018
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2018

RIDA SADRAK
AXIOS FOUNDATION, INC
2905 LAKEVIEW DRIVE
FERN PARK, FL 32730

SUBJECT: AXIOS FOUNDATION INC.
Ref. Number: N16000011943

We have received your document for AXIOS FOUNDATION INC. and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

We are enclosing the proper form(s) with instructions for your convenience.

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: 018A00006648

PLEASE
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AND
USE ENCLOSE

RECEIVED
18 APR 12 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AXIOS FOUNDATION, INC.
Name of Corporation

DOCUMENT NUMBER: N116000011943

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:

RIDA SADRACK
Name of Contact Person

AXIOS FOUNDATION, INC.
Firm/Company

2905 LAKEVIEW DRIVE
Address

FERN PARK, FL 32730
City/State and Zip Code

INFO@AXIOSCS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XAVIER VELEZ at (321) 352-6829
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
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: AXIOS FOUNDATION, INC.
2. The principal office address: 2905 LAKEVIEW DRIVE
FERN PARK, FL 32730
3. The mailing address (if different): _____
4. Date of incorporation/qualification: JAN 19 2017 Document number: NI160000011943
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)

FAEHNER, MICHAEL J
600 BYPASS DR, #100
CLEARWATER, FL 33764

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

RIDA Sadrack
2905 LAKEVIEW DRIVE
P.O. Box NOT acceptable
FERN PARK, FL 32730

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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]
Signature of an officer or director

RIDA SADRAK
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]
Signature of Registered Agent

10 APRIL 2018
Date

If signing on behalf of an entity:

RIDA SADRAK
Typed or Printed Name

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