N16404

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Filone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Q. SILAS		



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SECRETARY OF STATE

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: The Claude Pepper Foundation, Inc. Name of Corporation	
DOCUMENT NUMBER: N16404	
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Monica Laughlin Name of Contact Person	-
The Claude Pepper Foundation, Inc. Firm/Company	
636 West Call Street Address	
Tallahassee, FL 32306-1122 City/State and Zip Code	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
Monica Laughlin Name of Contact Person	at (850) 644-9333 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, 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 Claude Pepper Foundation, Inc.
2. The principal office address: 636 West Call Street, Tallahassee, FL 32306-1122
3. The mailing address (if different):
4. Date of incorporation/qualification: 1986 8[18/86] Document number: N16404
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)
Tom Herndon
9062 Eagles Ridge Drive
Tallahassee, FL 32312
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Stephen R. MacNamara
1071 Myers Park Drive P.O. Box NOT acceptable
Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agents as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by arrotticer so authorized by the board, or the corporation has been notified in writing of the change.
Stephen R. MacNamara, Director and Secretary Signature of an officer or director Signature of an officer or director Stephen R. MacNamara, Director and Secretary 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.
Stephen Registered Agent 4.1.2022 Signature of Registered Agent Date
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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