CARLYON BILLON DO TAGE DE LAST 2 03/10/2017 16: **Division** of H17000067659 3

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6380

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From:

Account Name : CARLTON FIELDS Account Number : 076077000355 Phone : (813)223-7000

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

: (813)229-4133

Email Address:



## REGISTERED AGENT CHANGE BONES GATE ACADEMIC FOUNDATION, INC.

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\$35.00

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

CARLTON FIELDS

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.

I. The name of the corporation: BONES GATE ACADEMIC FOUNDATION, INC.

2. The principal office address: 3104 D SHIPPING AVE.

MIAMI, FL 33133

3. The mailing address (if different):\_\_\_\_

4. Date of incorporation/qualification: 01/17/2017

Document number: N17000000572

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)

RANADIVE, RAHUL P

3104 D SHIPPING AVE.

MIAMI, FL 33133

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

CF REGISTERED AGENT, INC.

100 S. ASHLEY DRIVE, STE 400

P.O. Box NOT acceptable

TAMPA, FL 33602

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.

gnature of an officer of directo

Kanadive. Director Kahul

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.

**Gignalure of Registered Agent** 

If signing on behalf of an entity:

Rahul P. Renadive

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, F.O. BOX 6327, TALLAHASSEE, FL 32314

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