

N17000004476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

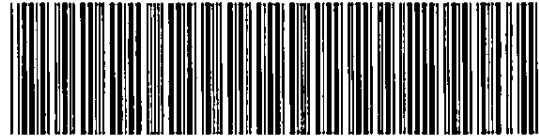
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100308445411

01/31/18--01015--002 **245.00

2018 JAN 31 PM 10:14

FEB 02 2019
J. MCNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tim Hart Scholarship Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: N17000004476

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:

Russell B. Reaves

Name of Contact Person

3J & Associates, LLC

Firm/Company

2323 Del Prado Blvd, S, Ste B1

Address

Cape Coral, FL 33990

City/State and Zip Code

rreaves@ycoffice.com

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

For further information concerning this matter, please call:

Russell B. Reaves

Name of Contact Person

at (**239**) **574-3100**

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: Tim Hart Scholarship Foundation, Inc.
2. The principal office address: 2524 SW 30th Terracce
Cape Coral, FL 33991
3. The mailing address (if different): 2524 SW 30th Terrace
Cape Coral, FL 33991
4. Date of incorporation/qualification: 04/14/2017 Document number: N17DDDD4476
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)

Christina H Schwinn

1833 Hendry Street

Fort Myers, FL 33914

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

PLF Registered Agent, LLC

1833 Hendry Street

P.O. Box NOT acceptable

Fort Myers, FL 33901

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

R.B. Reaves

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

01/25/2018

Date

If signing on behalf of an entity:

R.B. Reaves

Typed or Printed Name

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

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