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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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REGISTERED AGENT CHANGE FLORIDA LOWCOUNTRY FOUNDATION, INC.

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S. PRATHEF

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

	the corporation: FLORIDA LOWCOL	gistered agent, or both, in the State of Florida. ENTRY FOUNDATION, INC.					
2. The principal	office address: 1 RAYONIER WAY V	Wildlight, FL 32097					
3. The mailing a	address (if different):						
4. Date of incor	poration/qualification:	Document number: N17000006448	····				
	d street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file with the signed)					
	RAYDIENT LLC DBA Raydient Pla	ces + Properties LLC	z				
	1 RAYONIER WAY						
	Wildlight, FL 32097 Wildlight, FL 32097						
Wildlight, FL 32097 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): CT Corporation System CT Corporation System							
	CT Corporation System		9: 0 STATE LORID				
	1200 South Pine Island Road						
	P.(O. Box NOT acceptable					
	Plantation, Florida 33324						
The street addr	ess of its registered office and the st I be identical.	reet address of the business office of its regist	ered agent.				
Such change wanthorized by t	as authorized by resolution duly add	opted by its board of directors or by an officer notified in writing of the change.	so				
Michae	Hahaj Digitally signed by Michael Hahaj Date: 2021.09.16 14:01:17 -04:00	Michael Hahaj - Trustee					
	are of an officer or director	Printed or typed name and title					
of my duties, ai document is be corporation ha	nd I am Jamiliur with and accept the ing filed merely to reflect a change i is been notified in writing of this cha	n and agree to act in this capacity. statutes relative to the proper and complete p obligation of my position as registered agent in the registered office address, I hereby confi nge.	erformance . Or, if this rm that the				
CT Corporation	n System Suda Fract	09/23/2021					
Sig	grature of Pegistered Agent	Date					
If signing on be	ehalf of an entity:						
Sandra Zwij	ack, Assistant Secretary						
	Typed or Printed Name						

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Fl. 006 - 06 19/2020 Wollers Hawer Online

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By: