## N17000008261

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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## COVER LETTER

Amendment Section

TO:

**Division of Corporations** SUBJECT: Greater Good Rescue Me Foundation Inc. Name of Corporation DOCUMENT NUMBER: N17000008261 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: Alan Saretsky Name of Contact Person Greater Good, Rescue Me Foundation Inc. Firm/Company 16792 NW 296TH Address OKEECHOBEE, FL 34972 City/State and Zip Code greatergoodrescueme@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 718 ) 730-3212 Area Code & Daytime Telephone Number Alan Saretsky

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Name of Contact Person

Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

| statement of cha                      | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingression organized under the laws of the State of Florida   |
|---------------------------------------|--|
|                                       | r to change its registered office or registered agent, or both, in the State of Florida.   |
| 1. The name of t                      | he corporation: GREATER GOOD, RESCUE ME FOUNDATION, INC.   |
| 2. The principal                      | office address: 16792 NW 296TH OKEECHOBEE, FL 34972  |
| 3. The mailing a                      | ddress (if different):   |
| 4. Date of incorp                     | poration/qualification: 12/14/2020 Document number: N17000008261   |
| 5. The name and                       | I street address of the current registered agent and registered office on file with the  |
| •                                     | GPS Financial Group Inc.   |
|                                       | 16792 NW 296TH OKEECHOBEE, FL 34972  |
|                                       |  |
| 6. The name and (if changed):         | triment of State: (If resigned, enter resigned)  GPS Financial Group Inc.  16792 NW 296TH OKEECHOBEE, FL 34972  I street address of the new registered agent (if changed) and /or registered office  |
|                                       | GPS Financial Group Inc.   |
|                                       | 1100 S. Federal Hwy., Suite 4, Boynton Beach, FL 33435 United States   |
|                                       | P.O. Box NOT acceptable  |
| The street address changed will       | ess of its registered office and the street address of the business office of its registered agent, be identical.  |
| Such change was authorized by all     | is authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change.   |
| Signatu                               | Philip Miller Printed or typed name and title  |
| · · · · · · · · · · · · · · · · · · · | the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of a lam familiar with and accept the obligation of my position as registered agent. Or, if this ny filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. |
|                                       | nature of Registered Agent Date  |
| If signing on be                      | half of an entity:   |

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