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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

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

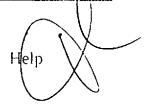
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## REGISTERED AGENT CHANGE COMMUNITY-POLICE RELATIONS FOUNDATION, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida S reverganized under the laws of the State of <u>F</u> l	lorida	this	
in orde	r to change its registered office or	registered agent, or both, in the State of Fl	orida.		
1. The name of	he corporation: Community-Police	Relations Foundation, Inc.			_
2. The principal	office address:				_
3. The mailing a	ddress (if different):				
4. Date of incorp	xoration/qualification: 11/30/2017	Document number: N1700001	1893		
5. The name and		stered agent and registered office on file with			
	SCHERMER, STEVEN J C/O Silve	rman Schermer			
	100 SE 3rd Avenue Suite 1850				
	Fort Lauderdale, FL 33394		Þ	2024	
6. The name and (if changed):		ed agent (if changed) and /or registered offi	ce	2024 AUG -8	22
	Northwest Registered Agent LLC			AFI	S S
	7901 4th St N STE 300			1 :6	
	St. Petersburg FL 33702	P.O. Box NOT acceptable		<u>-</u>	
The street address changed will	ss of its registered office and the be identical.	street address of the business office of its	register	red agen	ι,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	idopted by its board of directors or by an o een notified in writing of the change.	fficer so	)	
Ul Eskanaz	e or an officer or director	Al Eskanazy			
Signatu	e of an officer or director	Printed or typed name and title	•		
-пегеру ассет	ine appoinament as registerra a c	tent and agree to act in this capacity, all statutes relative to the proper and comple obligation of my position as registered to the registered office address, I hereby hange.	olete per agent. ( confirn	formand Or, if the n that th	ce is e
-ZI 1/-		08/08/2024			
	nature of Registered Agent	Date			
t signing on be	nalf of an entity:				
Taylor Newman	and the Delivery Minne	-			
I y	ped or Printed Name				

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