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Division of Corporations

H220001582053

Florida Department of State

Division of Corporations

RESUBMIT

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(((H22000158205 3)))



H220001582053ABCZ

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From:

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**REGISTERED AGENT CHANGE
THE BUDDY HIELD FOUNDATION, INC.**

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A. RAMSEY
MAY -4 2022

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May 3, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE BUDDY FIELD FOUNDATION, INC.
8000 HEALTH CENTER BLVD, SUITE 300
C/O CUMMINGS & LOCKWOOD LLC
BONITA SPRINGS, FL 34135US

SUBJECT: THE BUDDY FIELD FOUNDATION, INC.
REF: N19000009838

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Querida R Silas
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE BUDDY HIELD FOUNDATION INC.
Name of Corporation

DOCUMENT NUMBER: N19000009838

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:

RODGER OUTTEN

Name of Contact Person

OIPC CORPORATE SERVICES LIMITED

Firm/Company

201 WEST BAY STREET

Address

NASSAU, BAHAMAS

City/State and Zip Code

RODGER@BUDDYHIELDFOUNDATION.ORG

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

For further information concerning this matter, please call:

RODGER OUTTEN

Name of Contact Person

at (242) 601-5424

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

H220001582053

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: THE BUDDY HIELD FOUNDATION INC
2. The principal office address: 8000 HEALTH CENTER BLVD, SUITE 300
3. The mailing address (if different): _____
4. Date of incorporation/qualification: SEPT 17th 2019 Document number: N19000009838
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)

CLASP INC.

3001 TAMiami TRAIL NORTH, 4TH FLOOR

NAPLES

FL 34103

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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

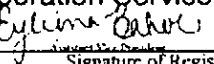
RODGER OUTTEN

DIRECTOR

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.

Corporation Service Company

By: 
Signature of Registered Agent

APRIL 29TH 2022

Date

If signing on behalf of an entity:

RODGER OUTTEN

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
CR2E045 (04/13)

H220001582053