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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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

aricketts@diversityinc.com Email Address:

REGISTERED AGENT CHANGE DIVERSITYINC. FOUNDATION INC.

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

statement of chan	rovisions of sections 607.0502, 617.0502, 6 age is submitted for a corporation organized to change its registered office or registered	507.1508, or 617.1508, Florida Statutes, this d under the laws of the State of Florida d agent, or both, in the State of Florida.	_
1 The name of th	ne comoration: DIVERSITYINC, FOL	UNDATION INC.	
2. The principal (office address:	HWAY, SUITE 1-125, WEST PALM BEACH,	FL 33405
3. The mailing ac	ddress (if different):		
4. Date of incomp	oration/qualification: 09-23-2019	Document number: N19000010241	
5 The name and	street address of the current registered ager tment of State: (If resigned, enter resigned)	nt and registered office on file with the	20;
	DIVERSITYING MEDIA, LLC	TALL	20 JA
	3300 S. DIXIE HIGHWAY, SUI	TE 1-125 全装	2020 JAN 23
	WEST PALM BEACH, FL 3340	05 SSE	≥ !
6. The name and (if changed):	d street address of the new registered agent (TALLAHASSEE STATE (if changed) and /or registered office	AH 11: 40
	Registered Agents Inc.		
	7901 4th Street N, Ste 300		
	St. Petersburg, FL 33702	ссерханс	
The street address changed will Such change watthorized by the	ess of its registered office and the street ad be identical. as authorized by resolution duly adopted b he board, or the corporation has been notif	ddress of the business office of its registered a by its board of directors or by an officer so fied in writing of the change.	agent,
Signati	ure of an officer or director	Anita Ricketts, Chief of Sta	ff
I hereby accept I further agree performance of	t the appointment as registered agent and to comply with the provisions of all statut	cept the obligation of my position as register of a change in the registered office address, I	ed
	gnature of Registered Agent	10-02-19	
	ehalf of an entity:		
Bill Havre	•		
	Typed or Printed Name * * * FILING FEE	E: \$35.00 * * *	
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