12000002981

| (Requestor's Name) | | |
|---|------------------|---------------|
| (Address) | | |
| (Add | lress) | |
| (City | /State/Zip/Phone | e #) |
| | | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | J. HOF | RNE U 2025 |

.

900442583269

FILED 2025 FEB - 7 PM 1: 50

S. 2025 FEB - 7 PK 3: 22 S. D. J.

Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

,

.

۴

| ACCOUNT NO. | : | 12000000195 |
|-----------------------|------|---|
| REFERENCE | : | |
| AUTHORIZATION | : | \mathcal{A} |
| COST LIMIT | : | \$ 35.0 7:200 |
| ORDER DATE : 02/07/25 | | \$ 35.0 And a |
| ORDER TIME : | | |
| ORDER NO. : | | |
| CUSTOMER NO: | | |
| | | |
| CHANGE OF A | AGEN | <u>r</u> |

and a

:

122

1

÷.,

÷≈

150

NAME: Haven Foundation, INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY ____√ ___ PLAIN STAMPED COPY

CONTACT PERSON:

EXAMINER'S INITIALS:

COVER LETTER

. .

.

| ΓO: | Amendment Section | | |
|-----|--------------------------|--|--|
| | Division of Corporations | | |

SUBJECT: Haven Foundation, Inc. Name of Corporation

DOCUMENT NUMBER:_____

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:

| Leigh White | | |
|--|---------------------|------------|
| Name of Contact Person | | |
| Haven Foundation, Inc. | | |
| Firm/Company | <u> </u> | |
| 805 N. Whittington Parkway, Suite 400 | | |
| Address | | |
| Louisville, KY 40222 | | |
| City/State and Zip Code | | |
| leigh.white@brightspringhealth.com | | |
| E-mail address: (to be used for future annual report | t notification |) |
| <i>ন</i> | | |
| For further information concerning this matter, please c | all: | |
| Leigh White | at (⁵⁰² |) 630-7412 |

Name of Contact Person

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

CR2E045 (04/13)

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

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.

Haven Foundation, Inc. 1. The name of the corporation:

2. The principal office address:_805 N. Whittington Parkway, Suite 400, Louisville, KY 40222

The mailing address (if different): _____

4. Date of incorporation/qualification: 4-8-20 Document number: N2000003981

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)

> Steven M. Ziegler 4300 NW 89th Blvd. Gainesville, FL 32606

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

| 4300 NW 89th Blvd. | | 10155 |
|---|--|-------|
| Gainesville, FL 32606 | | |
| street address of the new register Corporation Service Company | red agent (if changed) and /or registered office | |
| | | |
| 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, at the corporation has been notified in writing of the change.

Leigh White, Ex-Officio Member

Printed or typed name and title

Date

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. Thereby confirm that the corporation has been notified in writing of this change. Corporation Service Company

Вγ auna Godbo

02/07/2025

If signing on behalf of an entity:

SHAUNA GODBOLT

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

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Haven Foundation, Inc.

Name of Corporation

DOCUMENT NUMBER:_

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:

| Leigh White | |
|---|-------------|
| Name of Contact Person | * |
| Haven Foundation, Inc. | |
| Firm/Company | |
| 805 N. Whittington Parkway, Suite 400 | |
| Address | |
| Louisville, KY 40222 | |
| City/State and Zip Code | |
| lcigh.white@brightspringhealth.com | |
| E-mail address: (to be used for future annual report no | otificatio |
| * | |

For further information concerning this matter, please call:

| Leigh White | : | at (⁵⁰² |) ⁶³⁰⁻⁷⁴¹² |
|-------------|------------------------|---------------------|----------------------------|
| | Name of Contact Person | Area Code a | & 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

CR2E045 (04/13)