

NZO 000014230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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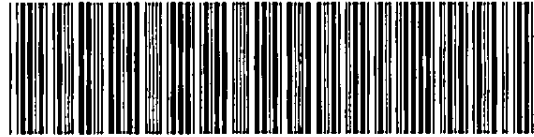
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jonathan David Schans Foundation Inc.
Name of Corporation

DOCUMENT NUMBER: N0000014230

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:

Nancy Alciatore

Name of Contact Person

Jonathan David Schans Foundation Inc.

Firm/Company

3125 Glencagles Dr E

Address

Clearwater, FL 33761

City/State and Zip Code

n.alciatore@gmail.com

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

For further information concerning this matter, please call:

Nancy Alciatore

Name of Contact Person

at (727)251-6643

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

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: Jonathan David Schans Foundation Inc.
2. The principal office address: 3125 Gleneagles Dr E
3. The mailing address (if different): _____
4. Date of incorporation/qualification: March 17, 2021 Document number: N20000014230
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)

Resigned

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

Nancy Alciatore

3125 Gleneagles Dr E

P.O. Box NOT acceptable

Clearwater, FL 33761

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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.

Nancy Alciatore
Signature of an officer or director

Nancy Alciatore

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.

Nancy Alciatore
Signature of Registered Agent

December 23, 2021

Date

If signing on behalf of an entity:

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)