

N20 000014230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

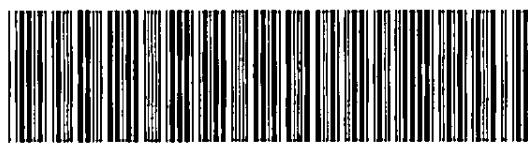
(Business Entity Name)

(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 Gleneagles 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

at (7272516643)

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

**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

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.

 <small>Signature of an officer or director</small>	<small>Nancy Alciatore</small> <small>Printed or typed name and title</small>
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James Alvarado
Signature of Registered Agent

Nancy Alciatore

Entered or typed name and title

December 23, 2021

Daily

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