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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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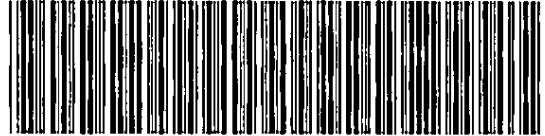
(Business Entity Name)

(Document Number)

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05/31/22--01013--006 \*\*35.00

2022 MAY 31 PM 12:48

cf 8/13/2022

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Addition of Registered Agent  
Name of Corporation \_\_\_\_\_

**DOCUMENT NUMBER:** 86-2122418 \_\_\_\_\_

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:

Rebecca Torres

\_\_\_\_\_  
Name of Contact Person

Palm Beach First Responders Foundation, Inc.

\_\_\_\_\_  
Firm/Company

139 N County Road, Ste 26

\_\_\_\_\_  
Address

Palm Beach, FL 33480

\_\_\_\_\_  
City/State and Zip Code

rebecca@pbpf.us

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

For further information concerning this matter, please call:

Rebecca Torres

\_\_\_\_\_  
Name of Contact Person

at ( 561 ) 820-8118

\_\_\_\_\_  
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: PALM BEACH FIRST RESPONDER FOUNDATION, INC.
2. The principal office address: 139 North County Road, Suite 26, Palm Beach, Florida, 33480
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/12/2021 Document number: 86-2122418 N21000000893
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)

John F. Scarpa

139 NORTH COUNTY ROAD, SUITE 26

Palm Beach, FL 33480

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

Rebecca Torres

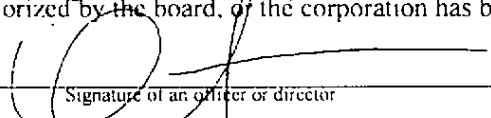
139 North County Road, Suite 26

P.O. Box. NOT acceptable

Palm Beach, FL 33480

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

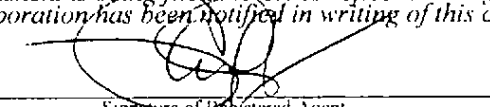
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

John F. Scarpa, President

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.*

  
\_\_\_\_\_  
Signature of Registered Agent

May 12, 2022

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

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