Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000325488 3)))



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	To:			
α		Division of Corporations		
0		Fax Number	: (850)617-6380	
က်			• •	
	From:			
E.	,	Account Name	: CORPORATION SERVICE COMPANY	
	,	· · · · · · · · · · · · · · · · · · ·	: 120000000195	
		Phone	: (850)521-0821	
1	•	Fax Number	: (850)558-1515	
SEP			. (450)550 =505	
<u>~</u>				
ट्या	**Enter	the email addre	ss for this business entity to be used for future	
Z Z			lings. Enter only one email address please.**	
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	Ei	mail Address:		

REGISTERED AGENT CHANGE THE CHARLES LAFITTE FLORIDA FOUNDATION, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Help

H21000325486 3

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJI	ECT: The Charles Lafitte Florida Foundation, I	ínc.	-
Name	of Corporation		
DOCE	JMENT NUMBER: N21000007657		
The en	iclosed Statement of Change of Registered	Office/Agent and fee	are submitted for filing.
Please	return all correspondence concerning this r	natter to the followin	ng:
710050	Total II all concessions and a second a second and a second a second and a second a second and a		-6-
	n Kastrinos		
Name	of Contact Person		
	s Group, Inc.		
Firm/C	Company		
145 Sc	oundings Ave - Suite 210		
Addre	SS		
•	FL 33477		
City/S	tate and Zip Code		
	annette@manisgroup.com		
E-mai	il address: (to be used for future annual)	report notification)	
For fu	rther information concerning this matter, pl	ease call:	
Laurer	a Kastrinos	at (561	₃ 299-3261
	Name of Contact Person	Area Co	299-3261 de & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the E	Department of State.	
	Mailing Address: Amendment Section	Street Address Amendment S	

Division of Corporations

The Centre of Tallahassec

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Taliahassee, FL 32314

P.O. Box 6327

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT-OBOMOGRAS FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0 nge is submitted for a corporation org r to change its registered office or regi	anized under the laws of the State	of Florida			
1. The name of t	he corporation: THE CHARLES LAFIT	TE FLORIDA FOUNDATION, IN	iC.			
	office address: 145 SOUNDINGS AVE					
	oration/qualification: 06/23/2021					
	street address of the current registered timent of State: (If resigned, enter resigned)		s with the			
	MANNIS GROUP, INC.		<u> </u>			
	145 SOUNDINGS AVE., STE. 210					
	JUPITER, FL 33477		<u>}-</u> ∞:- ∽:			
6. The name and (if changed):	street address of the new registered ag	gent (if changed) and /or registered	loffice			
	Corporation Service Company					
	1201 Hays Street		• •			
	P.O. 1	Box NOT acceptable				
	Tallahassee	FL 32301				
	ss of its registered office and the stre be identical. Is authorized by resolution duly adop- te board, or the corporation has been					
$-\int \lambda$	n in the composition has been	Lauren Kastrinos	VP and Controller			
- Ally	exot an officer or director	Printed or typed name a	** **			
I further agree to of my duties, and document is being corporation has	the appointment as registered agent of comply with the provisions of all st of I am familiar with and accept the of filed merely to reflect a change in been notified in writing of this chang Service Company	interton and other to the previous owit	complete performance ered agent. Or, if this ereby confirm that the			
DY A Secretary	28.36.4 Product nature of Registered Agent	08/31/2021 Date				
	half of an entity:					
Ty	ped 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)