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.

**Electronic Filing Cover Sheet** 

(((H23000057262 3)))



H230000572523ABC.

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for  $\widehat{\mathbf{m}}$  ture  $\widehat{\mathbf{m}}$ annual report mailings. Enter only one email address please. \*\* 🚞

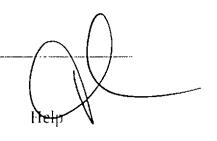
Email Address:\_\_

## REGISTERED AGENT CHANGE FEHR FOUNDATION INC

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

Electronic Filing Menu

Corporate Filing Menu



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

statement of che	provisions of sections 607.0502, 617.0502, 607.1508, unge is submitted for a corporation organized under th er to change its registered office or registered agent, o	ne laws of the State of Flo	orida	is ———
1. The name of	the corporation: FEHR Foundation, Inc			···
	office address: 7901 4th St N STE 300			
St. Petersbu				
3. The mailing a	address (if different): 7901 4th St N STE 300 St	. Petersburg FL 337	702	
		nent number: N220000		
	d street address of the current registered agent and registment of State: (If resigned, enter resigned)	stered office on file with	i the	
	MCCORMACK ENTERPRISES			
	9484 S. ORANGE BLOSSOM TRAIL			
	ORLANDO, FL 32837		O.	2(
<ol> <li>The name and street address of the new registered agent (if changed) and /or registered officient (if changed):</li> </ol>		京 2 2 2 2	2023 FEB 13	
	Northwest Registered Agent LLC		HΛS	<u>ت</u>
	7901 4th St N STE 300		SET.	<b>P</b>
	P.O. Box NO Facceptable St. Petersburg FL 33702		FL	8: 1:2
The street addreas changed will	ess of its registered office and the street address of the identical.	ne business office of its	registere	d agent.
Such change wa authorized by the	as authorized by resolution duly adopted by its board he board, or the corporation has been notified in writ	d of directors or by an oling of the change.	fficer so	
JMDC Signatu	JAMIE A	A DAVIDSON - DIRE		,
1 jurther agree of my duties, ar document is bei	the appointment as registered agent and agree to ac to comply with the provisions of all statutes relative ad I am familiar with and accept the obligation of my ing filed merely to reflect a change in the registered s been notified in writing of this change.	at in this capacity, to the proper and comp a position as registered office address, I hereby	olete perfe agent. C Confirm	ormance or if this that the
77- N-	2/13/20	)23		
Sig	nature of Registered Agent	Dute		
If signing on be	chalf of an entity:			
Taylor Nev				
Γ	yped or Printed Name	* *		
	* * * FILING FEE: \$35.00 *	# T		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BON 6327, TALLAHASSEE, FL 32314
CR2E045 (04/43)