2/15/2024 16:24:30 PST : 2/15/24, 4:22 PM



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

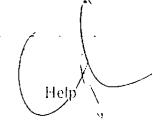
Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please. *;

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REGISTERED AGENT CHANGE THE IXCHEL CARIBE FOUNDATION, INC.

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

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

statement of cha	inge is submitted for a corporatio	617,0502, 607,1508, or 617,1508, Florida Statut on organized under the laws of the State of FU	
	- · · · · · · · · · · · · · · · · · · ·	or registered agent, or both, in the State of Florid	a.
1. The name of	the corporation: THE IXCHEL CAR	RIBE FOUNDATION, INC.	
2. The principal	office address:		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 04/19/2022	Document number: N22000003897	
	I street address of the current regi itment of State: (If resigned, enter	stered agent and registered office on file with the tesigned)	<u>`</u>
6. The name and (if changed):	-	red agent (if changed) and /or registered office	2024 FEB 16
	Northwest Registered Agent LLC		· œ 🚆
	7901 4th St N STE 300	AHAS S	6 1
	St. Petersburg FL 33702	PO, Box NOT acceptable OC	
			j ö
The street addre as changed will	ess of its registered office and the be identical.	و عدم e street address of the business office of its regi	ster agent,
Such change wa authorized by th	is authorized by resolution duly ne board, or the corporation has l	adopted by its board of directors or by an office been notified in writing of the change.	er so
(han	Passa Val.	Charlotte Nal. President	
l hereby accept l further agree of my duties, an document is bei corporation has	the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan s been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and complete the obligation of my position as registered ages ge in the registered office address, I hereby conchange.	performance nt. Or, if this ifirm that the
7-N-	nature of Registered Agent	02/15/2024	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Taylor Newman			
T	yped or Printed Name	_	