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.

(((H220001932693)))



H220001932693ABC1

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 : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email:	Address:			
tma11	Address:			

RECEIVED 2022 JUN-2 PM 3:38 FALLANKSSELFE

REGISTERED AGENT CHANGE OLCDC FOUNDATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

JUN -3 2022

To:

By:

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

statement of ch	nange is submitted for a corporation organ	02, 607,1508, or 617,1508, Florida Statutes, this nized under the laws of the State of Florida tered agent, or both, in the State of Florida.	_
1. The name of	f the corporation: OLCDC FOUNDATION	, INC.	
	al office address: 490 OPA LOCKA BLVD.		_
3. The mailing	address (if different):		
4. Date of incor	prporation/qualification: 3/30/2022	Document number: N22000004085	
	nd street address of the current registered a artment of State: (If resigned, enter resigne	agent and registered office on file with the ed)	
	NIKISHA WILLIAMS		
	490 OPA LOCKA BLVD., #20		3 ~11
	MIAMI, FL 33054		星子
6. The name an (ifchanged):	nd street address of the new registered age :	ent (if changed) and /or registered office	MA JUH - 2 PAIR 32
	C T Corporation System	·	
	1200 South Pine Island Road		7
		NOT acceptable	
	Plantation, Florida 33324		
The street addr	lress of its registered office and the street If be identical.	t address of the business office of its registered age	ent.
Such change wanthorized by t	was authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or by an officer so officed in writing of the change.	
Cll Jane	h_	Eric Jensen-Atty in fact for Willie Logan - Presiden	t
Signau	nure of an officer or director	Printed or typed name and title	_
I further agrée of my duties, a document is be corporation ha	md I am familiar with and accept the objecting filed merely to reflect a change in the as been notified in writing of this change	tutes relative to the proper and complete performa ligation of my position as registered agent. Or, if he registered office address, I hereby confirm that	nce this the
C T Corporatio	aris lecture	05/26/2022	_
	igialium of Registered Agent pehalf of an entity:	Date	
0 0	•		
	Kelm , Asst. Secretary 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 CR2E045 (04/13)