Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H24000071860 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone : (702)866-2500

Fax Number

: (702)900-2290

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

Email Address: documents@incorp.com

REGISTERED AGENT CHANGE GALE HEALTHCARE FOUNDATION INC.

Certificate of Status	0
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2/22/24, 10:58 AM To: +1 850-617-6380 From: +1 702-866-2689 / GALE HEALTHCARE FOUNDATION, INC. RA Chang Page 2/3 H240000718603

COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: GALE HEALTHCARE FOUNDATION, INC.			
Name of Corporation			
DOCUMENT NUMBER: N22000004547			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fill	ing.		
Please return all correspondence concerning this matter to the following:			
Amanda Morehouse			
Name of Contact Person			
InCorp Services, Inc.	WALEN CE	, 2	
Firm/Company	型	- 7 ~~~	
3773 Howard Hughes Pkwy Suite 500S		نقائ ا∏ معطيدي	
Address	主) F	
Las Vegas, NV 89169-6014		6	ì
City/State and Zip Code	(AC :	I)
documents@incorp.com	ǙU. ⊐n≓	A 9.	
E-mail address: (to be used for luture annual report notification)			
For further information concerning this matter, please call:			

Amanda Morehouse on behalf of InCorp Services, Inc.
Name of Contact Person at 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

CR2E045 (04/13)

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

in orde	er to change its registered office or registered	agent, or both, in the State of F	Florida.
1. The name of	the corporation: GALE HEALTHCARE FO	OUNDATION, INC.	
2. The principal	office address: 3101 W Dr Martin Luther	King Jr Blvd, SUITE 200	
	TAMPA, FL 33607		
3. The mailing a	address (if different):	***************************************	
4. Date of incor	poration/qualification: 05/11/2022	_ Document number:	N22000004547
5. The name and Florida Depar	d street address of the current registered agent runent of State: (If resigned, enter resigned)	and registered office on file wi	ith the
	CORPORATION SERVICE COMPANY	Y	
	1201 HAYS STREET		:: 20 :
	1201 HAYS STREET Tallahassee, FL 32301		2024 FEB 22
6. The name and (if changed):	d street address of the new registered agent (if		
	InCorp Services, Inc.		
	3458 Lakeshore Drive		
	Tallahassee, FL 32312	высерявіе	-
The street address changed will	ess of its registered office and the street addr be identical.	ess of the business office of it	s registered agent,
Such change was authorized by the	as authorized by resolution duly adopted by ne board, or the corporation has been notified	its board of directors or by an d in writing of the change.	officer so
Martin (eAnn Crane, Authorized Re	presentative
Gignatio	e of an officer or director	Printed or typed name and to	le
I further agree t of my dutiës, an document is bei	the appointment as registered agent and ag to comply with the provisions of all statutes id I am familiar with and accept the obligati- ing filed merely to reflect a change in the res s been notified in writing of this change.	relative to the proper and com	plete performance Lagent. Or, if this by confirm that the
Amintania Amintania		02/11/2024	
Sig	natuse of Registered Agent	Date	
If signing on be	half of an entity:		
Louise Breytenba	ch on behalf of InCorp Services, Inc.		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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