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(((H21000111569 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)866-2689

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

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## REGISTERED AGENT CHANGE THE MACK B. TRAMMELL FOUNDATION, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
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| Estimated Charge      | \$35.00 |

J SIMMONS

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From: GFI FaxMaker To: 8506176380 Page: 3/4 Date: 3/19/2021 8:24:51 AM

**COVER LETTER** 

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TO: Amendment Section

Division of Corporations

SUBJECT: The Mack B. Trammell Foundation, Inc.

Name of Corporation

DOCUMENT NUMBER: N36818

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Gibson

Name of Contact Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. Suite 500s

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Gibson for InCorp Services, Inc.

at ( 800 ) 246-2677

Name of Contact Person

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

77 11 1 FT 32

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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CR21045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS (II) H21000111569 3))) (((H21000111569 3)))

|  | •   | 9502, 607,1508, or 617,1508, Florida S<br>ganized under the laws of the State of _  |                                     |                                       |  |
|--|---|---|-------------------------------------|---------------------------------------|--|
| in ord   | er to change its registered office or reg   | gistered agent, or both, in the State of F  | lorida.                             |                                       |  |
| 1. The name of                                       | the corporation: The Mack B. Tram   | mell Foundation, Inc.   |                                     |                                       |  |
|  | I office address: 23238 VIRGINIA T  |   |                                     |                                       |  |
|  |   |   |                                     |                                       |  |
| 3. The mailing                                       | address (if different):   |   |                                     |                                       |  |
| 4. Date of incor                                     | . Date of incorporation/qualification: 02/23/1990 Document number:  |   |                                     |                                       |  |
|  | id street address of the current registere artment of State: (If resigned, enter resi   | rd agent and registered office on lile wi<br>gned)  | th the                              | 2021 MAR 19                           |  |
|  | WILSMAN, ELIZABETH  | <del>-</del>  | _                                   | AR I                                  |  |
|  | 3911 NE 27 TERRACE  |   |                                     |                                       |  |
|  | LIGHTHOUSE POINT, FL 3306   | 4   | ;<br>                               | PM -:                                 |  |
| 6. The name an<br>(if changed):                      | ad street address of the new registered a   | agent (if changed) and /or registered off   | ice <sup>rt.</sup>                  | 18                                    |  |
|  | InCorp Services, Inc.   |   |                                     |                                       |  |
|  | 17888 67th Court North  |   | ,                                   |                                       |  |
|  | P.O.  | Box NOT acceptable  |                                     |                                       |  |
|  | Loxahalchee, FL 33470   |   |                                     |                                       |  |
| The street addras changed wil                        | ress of its registered office and the str<br>If be identical.   | eet address of the business office of its   | s register                          | ed agent,                             |  |
| Such change wauthorized by                           | as authorized by resolution duly ador-<br>the board, or the corporation has been  | pted by its board of directors or by an inotified in writing of the change.   | officer so                          | )                                     |  |
| Signist  | LEE OF AN OLD CEF OF ARRESTOR   | Carol Trammell, President Printed or typed name and title   |                                     |                                       |  |
| I further agree<br>of my duties, a<br>document is be | t the appointment as registered agent<br>to comply with the provisions of all s<br>nd I am familiar with and accept the<br>ring filed merely to reflect a change in<br>is been notified in writing of this chan | statutes relative to the proper and com<br>obligation of my position as registered<br>of the registered office address. I hereb | plete per<br>Lagent. (<br>y confirm | formance<br>Or, if this<br>a that the |  |
| نشسه   | Wagner 2  | March 18, 2021  | March 18, 2021                      |                                       |  |
| Si   | ensture of Registered Agent   | Date  |                                     |                                       |  |
| lf signing on b                                      | ehalf of an entity:   |   |                                     |                                       |  |
| -  | n behalf of InCorp Services, Inc. Typed or Printed Name   |   |                                     |                                       |  |
|  | * * * FILING  | FEE: \$35.00 * * *  |                                     |                                       |  |
| N  |   | FLORIDA DEPARTMENT OF STATE<br>8, P.O. BOX 6327, TALLAHASSEE, FL.3  | 32314                               |                                       |  |

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CR2E045 (04/13)