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Division of Corporations

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From:

Account Name : BUSH ROSS, P.A. Account Number : I19990000150 Phone : (813)224-9255 Fax Number : (813)223-9620

\*\*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 MACDONALD TRAINING CENTER FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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

statement of cha	provisions of sections 607,0502, 617,0502 inge is submitted for a corporation organi. er to change its registered office or register	• • • • • • • • • • • • • • • • • • • •				
	the corporation: MacDonald Training Center	•				
	office address: 5420 West Cypress Street					
<del>- '</del>						
3. The mailing a	address (if different): Same					
4. Date of inco⊓	poration/qualification: 04/24/1990	Document number: N37788				
	d street address of the current registered ag rtment of State: (If resigned, enter resigned	ent and registered office on file with the				
	Peter J. Kelly	25 SE				
	1801 N Highland Avenue					
	Tampa, FL 33602	P P				
6. The name and (if changed):	d street address of the new registered agent	ent and registered office on file with the  (if changed) and /or registered office				
	Bush Ross Registered Agent Services, LLC					
	1801 N Highland Avenue					
	PO Box Tampa, FL 33602	NOT acceptable				
The street addresses changed will	ess of its registered office and the street a l be identical.	ddress of the business office of its registered agent,				
Such change was	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.				
Wa.	101.10 VEVI	Karenne Levy, President				
	ire of an officer or director	Printed or typed name and title				
I hereby accept I further agree of my duties, ar document is bel corporation ha	the appointment of registered agent and to comply with the provisions of all statuded I am familiar with and accept the obliging filed merely to reflect a change in the seen notified in writing of this change.	agree to act in this capacity. The relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the				
$\overline{\Box}$	3	September 2, 2025				
Sig	mature of Registered Agent	Date				
If signing on be	chalf of an entity:					
PETER J. KEI	LLY, ESQ., VP. OF REG. AGENT					
<u> </u>	yped or Printed Name					
	* * * FILING FE	E: \$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)