

# N39376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

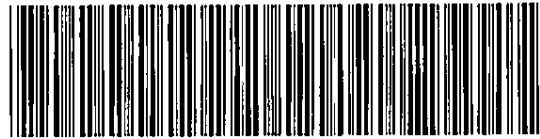
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500441834525

FILED  
2025 JAN 17 PM 1:00  
TALLAHASSEE, FLORIDA

RECEIVED  
2025 JAN 17 PM 3:25  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller - Amanda.Miller@cscglobal.com  
Ext: x62969  
Date: 01/17/25  
Order #: 1763305-1  
Re: The Alice Busch Gronewaldt Foundation, Inc.  
Processing Method: Routine

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the signature line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: 120000000195

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Alice Busch Gronewaldt Foundation, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N39376

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:

Sharon Trulock

Name of Contact Person

Allen Overy Shearman Sterling US LLP

Firm/Company

599 Lexington Avenue

Address

New York, NY 10022

City/State and Zip Code

sharon.trulock@aoshearman.com

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

For further information concerning this matter, please call:

Sharon Trulock

Name of Contact Person

at ( 212 ) 848-8640 or (973) 951-3395  
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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Alice Busch Gronewaldt Foundation, Inc.
2. The principal office address: c/o Caldwell Pacetti Edwards Schoech & Viator LLP  
1555 Palm Beach Lakes Boulevard Suite 1200, West Palm Beach, FL 33401
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/06/1990 Document number: N39376
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Manley P. Caldwell, Jr.

1555 Palm Beach Lakes Boulevard, Suite 1200

West Palm Beach, FL 33401

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Andrew W. Regan

6806043892674CC

Signature of an officer or director

Andrew W. Regan, Director

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company

By: Am

Signature of Registered Agent

01/17/2025

Date

If signing on behalf of an entity:

AMANDA MILLER

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)

FILED  
2025 JAN 17 PM 1:00  
TALLAHASSEE, FLORIDA