

# N43237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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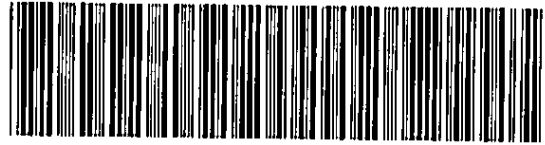
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** University of Central Florida Research Foundation, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N43237

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:

Kim Smith

Name of Contact Person

University of Central Florida Research Foundation, Inc.

Firm/Company

12201 Research Parkway, Ste 501

Address

Orlando, FL 32826

City/State and Zip Code

kim@ucf.edu

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

For further information concerning this matter, please call:

Kim Smith

at (

407

) 823-3062

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  
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: University of Central Florida Research Foundation, Inc.
2. The principal office address: 12201 Research Parkway, Ste 501 Orlando, FL 32826
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/30/1991 Document number: N43237
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)

Cole, Scott DR

Office of the General Counsel

4365 Andromeda Loop North, Orlando, FL 32816-0015

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

Wilson, Robert

Office of the General Counsel

P.O. Box NOT acceptable

4365 Andromeda Loop North Orlando, FL 32816-0015

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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.

Kim Smith

Signature of an officer or director

Kim Smith, Secretary

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.*

Robert Wilson

Digitally signed by Robert  
Wilson  
Date: 2021.05.24  
12:54:02 -04'00'

Signature of Registered Agent

5/24/2021

Date

If signing on behalf of an entity:

Robert Wilson

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)