

(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:					

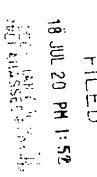
Office Use Only



500315753975

07/20/15--01005 -014 ••35.00

S TALLEN'T
JUL 2 4 2018



RIACU

COVER LETTER

TO: Amendment Section Division of Corporations The Immokalee Foundation, Inc. SUBJECT:_ Name of Corporation N44979 DOCUMENT NUMBER: 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: Yasmin Mohammed Name of Contact Person The Immokalee Foundation, Inc. Firm/Company 2375 Tamiami Trail North, Suite 308 Address Naples, Florida 34103 City/State and Zip Code yasmin.mohammed@immokaleefoundation.org / E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Yasmin Mohammed Name of Contact Person 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

Amendment Section
Division of Corporations
Clifton Building

Street Address:

2661 Executive Center Circle Tallahassee, FL 32301

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

statement of char	ige is submitted	for a corporation organiz	607.1508, or 617.1508, Florida St ed under the laws of the State of <u>F</u> ed agent, or both, in the State of Fl	lorida		
1. The name of the	ne corporation:_	The Immokalee F	oundation, Inc.			
2. The principal office address: 2375 Tamiami Trail North, Suite 308						
		Naples, Florida 34	4103			
3. The mailing ac	ldress (if differe	ent):				
4. Date of incorp	oration/qualifica	ation: 09/04/1991	Document number: N4497	79		
		f the current registered age If resigned enter resigned	ent and registered office on file with	h the		
_	Steven Kis	ssinger				
	2375 Tami	iami Trail North, Si	uite 308	.,	<u>.</u>	
- -	Naples, Flo	orida 34103			18 .IIIL 20	Tì
6. The name and (if changed):	street address of	f the new registered agent	(if changed) and /or registered office	to the second of	20 PM	ILED
-	Noemi Per	ez		•1	-: 5	
	2375 Tami	ami Trail North, Si		ا اور پرود اور در ایس	79	
	Naples, Flo	P.O. Box NOT ac orida 34103	ceptable			
The street address as changed will be	ss of its registere be identical.	ed office and the street ad	dress of the business office of its	registered	agen	ι.
Such change was authorized by the	s authorized by a board, or the e	resolution duly adopted beorporation has been notif	y its board of directors or by an ol ied in writing of the change.	fficer so		
Signature	of an officer of direct	etor -	Alison Douglas	_5		
I further agree to performance of i) comply with th ny duties, and I	te provisions of all statute am familiar with and acc	ngree to act in this capacity. es relative to the proper and comp ept the obligation of my position of t a change in the registered office writing of this change.	as revistere	e d	
07/02/2018			07/02/2018			
If signing on beh	ature of Registered Agualf of an entity:	-	Date			
	pemi Perez					

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

* * * FILING FEE: \$35.00 * * *