## N95000004328

(R	equestor's Name)			
(A)	ddress)			
(A	ddress)	•		
(C	ity/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		į		

Office Use Only



000275968570

08/13/15--01018--013 \*\*35.00

SECRUTARY BE STATE
OFFICE ABOVE TO BE STATE
OFFICE ABOVE THE STATE OF THE STATE OF

AUG 14 2015

I ALBRITTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: August 11, 2015

Order#: 723634/030

Re: PONTE VEDRA PUBLIC EDUCATION FOUNDATION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 $\overline{XX}$  Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

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

INCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.050. ange is submitted for a corporation organ er to change its registered office or registe	ized under the la	ws of the State of FL		
1. The name of	the corporation: PONTE VEDRA PUBLIC	EDUCATION F	OUNDATION, INC.		
• •	office address: DUR BLVD, PONTE VEDRA BEACH, FL				
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 09/11/1995	Document	number: N95000004328		
	d street address of the current registered a rtment of State: (If resigned, enter resigne		ed office on file with the	ين _	
	JEANNE LIGHTCAP			218 1815	
	100 PGA TOUR BOULEVARD			ALG SE SE S	
	PONTE VEDRA BEACH	FL	32082	Charles of the control of the contro	
6. The name and (if changed):	d street address of the new registered ager	ıt (if changed) ar	nd /or registered office	SECRETARY OF STATE OF	
	Corporation Service Company			, -	
	1201 Hays Street				
	P.O. Box NOT acceptable				
	Tallahassee	FL	32301		
The street addr	ess of its registered office and the street a be identical.	address of the bu	usiness office of its regist	ered agent,	
Such change wauthorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of o	directors or by an officer of the change.	so	
1	262	Dona Priebe, V	/ice President		
Signan	ite of an officer or director	Print	ed or typed name and title		
I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and to comply with the provisions of all statumy duties, and I am familiar with and a is document is being filed merely to reflet that the corporation has been notified in Service Company	ites relative to tl ecept the obliga	he proper and complete tion of my position as rev	ristered ess, I	
Ву:	race Cokubi	07/29/2015			
Sig	nature of Registered Agent		Date	<del> </del>	
If signing on be	chalf of an entity:				
Grace E. Kirby	, Assistant Vice President				
T	yped or Printed Name				

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