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## **COVER LETTER**

CR2E045 (04/13)

FO: Amendment Section . Division of Corporations
SUBJECT: Elise M. Besthoff Charitable Foundation Inc.
DOCUMENT NUMBER: N9600000333
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:
CARISHNE Worley Name of Contact Person
Firm/Company 201 Avkona Ct. Address West Poilm Black, FL 33401 City/State and Zip Code
West Palm Black, FC 33401
E-mail address: (to be used for Juture annual report notification)
For further information concerning this matter, please call:
Christina Worldy at 561, 666-9604  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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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————————————————————————————————————
1. The name of the corporation: <u>E450</u> M. Bisthoff Charitable tourdation
2. The principal office address: 201 Arkona Ct.  West Palm Beach, CL 33401
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/12/1996 Document number: N9600000333
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)  Christina Worley  1400 Cartle park Dlvd #400  West Paim Brack, a 33401  6. The name and street address of the new registered agent (if changed) and for registered office (if changed):  (Christina Worley - unchanged)  A01 Arkona Ct.  P.O. Box NOT acceptable  West Palm Brack, R 33401
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.  Signature of an officer or director  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.  Signature of Registered Agent  Typed or Printed Name  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)