

N96000 001 469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

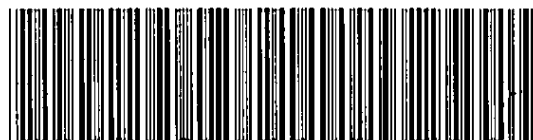
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900334306629

Document Fee: \$45.00

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2019 SEP 16 P 3:25

FILED

OCT 2 2018

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Celebration Foundation

Name of Corporation

**DOCUMENT NUMBER:** N96000001469

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:

Jana Renner

Name of Contact Person

Celebration Foundation

Firm/Company

610 Sycamore Street Suite 110

Address

Celebration, FL 34747

City/State and Zip Code

staff@celebrationfoundation.org

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

For further information concerning this matter, please call:

Jana Renner

Name of Contact Person

at ( 321 ) 697-8230

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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Celebration Foundation, Inc.
2. The principal office address: 610 Sycamore Street, Suite 110  
Celebration, FL 34747
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/18/1996 Document number: N96000001469

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)

Gloria Niec

610 Sycamore Street, Suite 110

Celebration, FL 34747

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

Kathleen Sipio

610 Sycamore Street, Suite 110

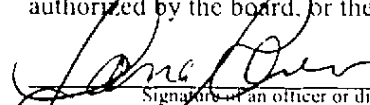
P.O. Box NOT acceptable

Celebration, FL 34747

FILED  
2019 SEP 16 PM 3:26  
TALLAHASSEE, FLORIDA  
CLERK OF THE COURT

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

Jana Renner

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.*

  
\_\_\_\_\_  
Signature of Registered Agent

9/12/19  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE