

NA100000883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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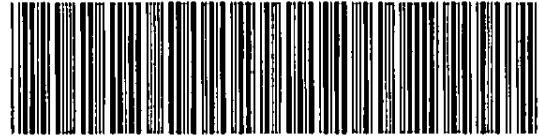
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Florida Foundation for Research and Education, Inc.
Name of Corporation

DOCUMENT NUMBER: N97000000983

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:

Teresa Angela Smith

Name of Contact Person

North Florida Foundation for Research and Education, Inc.

Firm/Company

1601 SW Archer Rd.

Address

Gainesville FL 32608

City/State and Zip Code

teresa.smith11@va.gov

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

For further information concerning this matter, please call:

Teresa Angela Smith

Name of Contact Person

at (**352**) **548-6000 ext. 3399**

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: North Florida Foundation for Research and Education, Inc.
2. The principal office address: 1601 SW Archer Rd., Gainesville FL 32608
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/14/1997 Document number: N97000000983
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)

Holly Morris (resigned)

1601 SW Archer Rd. (151)

Gainesville FL 32608

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

Teresa Angela Smith

1601 SW Archer Rd. (151)

P.O. Box NOT acceptable

Gainesville FL 32608

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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.

Thomas Wisnieski
Signature of an officer or director

Thomas Wisnieski, NFFRE Board Chair

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.

Teresa Angela Smith
Signature of Registered Agent

07/21/2017

Date

If signing on behalf of an entity:

Teresa Angela Smith
Typed or Printed Name

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