## N97000002973

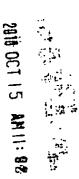
(Reque	estor's Name)	
(Addre	ess)	
(Addre	rss)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docui	ment Number)	
Certified Copies	Certificates	of Status
Certified Copies	Certificates	o or oracus
Special Instructions to Fili	ng Officer:	

Office Use Only



000319385660

10/16/18--01009--017 \*\*35.00



CZ,

## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CATHLEEN MCFARLANE FOUNDATION, INC.

Name of Corporation

DOCUMENT NUMBER: N97000002973

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:



Name of Contact Person

O'Connell & Crispin Ackal, PLLC

Firm/Company

420 Royal Palm Way, Suite 300

Address

Palm Beach, Florida 33480

City/State and Zip Code

tdodson@OCAlawyers.com

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

For further information concerning this matter, please call:

Trudy Dodson

, 561

355-2193

AL DET 15 ALL THE

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: CATHLEEN MCFARLANE FOUNDATION, INC.	
2. The principal	office address: 700 South Dixie Highway m each, Florida 33401	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 05/21/1997 Document number: N9700002973	
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	BRIAN M. O'CONNELL, ESQ.	
	515 North Flagler Drive 20th Floor	
	West Palm Beach, Florida 33401	
6. The name and (if changed):	Street address of the new registered agent (if changed) and /or registered office BRIAN M. O'CONNELL, ESQ.	t t
	420 Royal Palm Way, Suite 300 PO. Box NOT acceptable Palm Beach, Florida 33480	i) Ti
	PO. Box NOT acceptable  Palm Beach, Florida 33480	15
The street addre	ess of its registered office and the street address of the business office of its registered agent.	
as changed will		
authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.	
Signatur	Christy L. Peterson, Secretary  Printed or typed name and title	
I further agree t performande of	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete The my duties, and I am familiar with and accept the obligation of my position as registered The composition is being filed merely to reflect a change in the registered office address, I That the corporation has been notified in writing of this change.	
L	10/1/18	
Sign	nature of Registered Agent Date	
If signing on bel	half of an entity:	
Ту	eped or Printed Name	

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