3/24/2020

Division of Corporations

H20000091891.3

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(((H200000918913)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195

Phone : (850)521-0821

Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **-- :

C	- i	1	Address:	

REGISTERED AGENT CHANGE THE FREDERICK A. DELUCA FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
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HelpO SIMMONS MAR 25 2020

1/1

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

statement of cha	nge is submitted for a corporation org	502,607.1508,or617.1508,FloridaS white $Stateof$	Florida	his			
in order	r to change its registered office or reg	istered agent, or both, in the State of F	lorida.				
1. The name of t	he corporation: The Frederick A. DeLi	uca Foundation, Inc.					
2. The principal	office address: clo Rockridge Capital	Holdings, LLC, 500 East Broward Blv	d., Suite	2300			
	Fort Lauderdale, FL 33						
3. The mailing a	ddress (if different):						
4. Date of incorporation/qualification: 05/23/1997 Document number: N97000003057							
5. The name and		d agent and registered office on file wit					
	Clasp, Inc.						
	3001 Tamiami Trail North, Suite 40	0	: - !				
	Naples	FL 34103		1020 HAR 21,			
6. The name and (if changed):	I street address of the new registered a	gent (if changed) and /or registered off	ice ·				
	Corporation Service Company		-	AM 10: 0			
	1201 Hays Street			0			
		Bex NOT acceptable	. , , , ,				
	Tallahassee	FL 32301					
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of it	s register	ed agent,			
		need by its board of directors or by an notified in writing of the change.					
/s/Jonathar	n DeLuca	Jonathan DeLuca, Secretary					
	re of an officer or director	Printed or typed name and to					
- согиоганов вак	у овен пониса иг игинд от инэ спан	and agree to act in this capacity, tatutes relative to the proper and com obligation of my position as registered the registered office address, I hereb ge.	iplete pei 1 agent. 1y confiri	rformance Or, if this n that the			
	n Servicé Company	03/24/20					
By:	nature of Registered Agent	Date					
If signing on be	shalf of an entity:						
Amanda Ro	binson, Asst. Vice President						
	yped or Printed Name						
	* * * FfLING	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)

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