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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for futures annual report mailings. Enter only one email address please...

Email Address:

REGISTERED AGENT CHANGE JULIO C. RUIBAL FOUNDATION, INC.

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

statement of cha	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organi er to change its registered office or registe	zed under the laws of the State of _	
1. The name of	the corporation: JULIO C. RUIBAL Fe	OUNDATION, INC.	
	office address: 7901 4th St N STE 30		
		STORY CITY 14 50248	
	address (if different): 734 grand ave.		0004258
	poration/qualification: 08/01/1997	Document number: N97000	
	d street address of the current registered ag rtment of State: (If resigned, enter resigned		th the
	TRAIN, CHARLES		_
	1198 HICKORY DR		_
	LARGO, FL 33770		•
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered off	2022 FEB 15
	Northwest Registered Agent	LLC	E :
	7901 4th St N STE 300		17.5
	St. Petersburg FL 33702	NOT acceptable	PH 3: SSEE.
The street address changed will	ess of its registered office and the street a l be identical.	ddress of the business office of it	s registrated agent.
Such change wa authorized by t	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer so
<u>Char</u>	rles Train Tre of an officer or director	Charles Train, Director	le
l hereby accept l further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and to comply with the provisions of all statu ad I am familiar with and accept the oblig ing filed merely to reflect a change in the s been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and com gation of my position as registered registered office address, I hereb	plete performance Lagent. Or, if this by confirm that the
Ton Gl	love_	2/15/22	
Sig	gnature of Registered Agent	Date	
It signing on bo	chalf of an entity:		
Tom Glove			
Т	Typed or Printed Name	5	
	* * * FILING FEI	E: \$35.00 * * *	