

**Florida Department of State**  
**Division of Corporations**  
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To: Division of Corporations  
 Fax Number : (850) 617-6380

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From: Account Name : CORPDIRECT AGENTS, INC.  
 Account Number : 110450000714  
 Phone : (850) 222-1173  
 Fax Number : (850) 224-1640

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

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**REGISTERED AGENT CHANGE**  
**ST. PHILIP'S EPISCOPAL FOUNDATION, INC.**

Certificate of Status	0
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H11000172469 3

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

*I, 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: St. Philip's Episcopal Foundation, Inc.
2. The principal office address: 1121 Andalusia Avenue, Coral Gables, Florida 33134
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1/23/1988 Document number: N98000000408

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)

J. Thomas Cookson

645 Sierra Circle

Coral Gables, Florida 33156

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

The Reverend Dr. Mary E. Conroy

St. Philip's Episcopal Church

P.O. Box NOT acceptable

1121 Andalusia Avenue, Coral Gables, Florida 33134

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

J. Thomas Cookson, Vice 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.*

  
Signature of Registered Agent

6/28/2011  
Date

If signing on behalf of an entity:

The Rev. Dr. Mary E. Conroy  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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