N98000003760

(Red	questor's Name)	
(Add	lress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



000267449200

02/09/15--01011,--021 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: John and Milton Boext Foundation, Inc Name of Corporation
DOCUMENT NUMBER: <u>0980003760</u>
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:
Carl Zieolet Name of Contact Person
Low Offices of Romie Travieso
600 Wyndhurst Ave Ste 246 Address
Bre 1 timore MD 21210 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Cor Zigolet at (410) 323-6860 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

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Joan + Milton Baxt Foundation, Inc.
2. The principal office address: 1201 Socoth Ocean Drive 33019 PHI
3. The mailing address (if different):
4. Date of incorporation/qualification: 198 Document number: 109800003760
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)
PO Box 13397
Philadelphic PA 19101 55 See
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Joan Bext
1201 S. Orean Drive PHI P.O. Box NOT acceptable
Hollywood, FL 33019
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 office or director Car Ziephot - Cocretory Printed ontyped 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 17/31/15 Date
If signing on behalf of an entity:
Joan Boxt Typed or Printed Name

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