N99000000677

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200279314662

200279314662 11/23/15--01021--002 **35.00

15 NOV 23 AM 8: 41

OVALUATE DA SARON

NOV 2 \$ 2015 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Sheriff's Foundation of Broward County, Inc.

Name of Corporation

DOCUMENT NUMBER. N99

N9900000677

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:

Elizabeth Justen

Name of Contact Person

Sheriff's Foundation of Broward County, Inc.

Firm/Company

101 North Pine Island Road, Suite 201

Address

Fort Lauderdale, FI 33324

City/State and Zip Code

ejusten@sheriffsfoundationofbroward.org

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

For further information concerning this matter, please call:

Elizabeth Justen

.,954

257-3253

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 che	ange is submitted for a corporation org	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida	-
in orde	er to change its registered office or reg	istered agent, or both, in the State of Florida.	
1. The name of	the corporation: Sheriff's Founda	ation of Broward County, Inc.	
2. The principal	office address: 101 North Pine Is	sland Road, Suite 201 Fort Lauderdale, Fl	33324
3. The mailing	address (if different): same		
4. Date of incor	poration/qualification: 02/03/1999	Document number: N9900000677	
5. The name an		ed agent and registered office on file with the	
	Hage, Jonathan, Chairman 2601 West I	Broward Blvd. Fort Lauderdale, FL 33312	
	resigned		
			皇。
6. The name an (if changed):	d street address of the new registered a	agent (if changed) and /or registered office	
	Elizabeth Justen		
	101 North Pine Island Road, Sui	te 201 Fort Lauderdale, Fl 33324	F
	P.O. Box 1	NOT acceptable	,
_		eet address of the business office of its registered age	ent,
authorized by t	he board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.	
If t	ure of an officer or director	JUAN CARLOS ARIAS, Esq. Printed or typed name and title	_
I hereby accept	t the appointment as registered agent	and agree to act in this capacity. tatutes relative to the proper and complete d accept the obligation of my position as registered reflect a change in the registered office address, I red in writing of this change.	
Eln al	eth M Jus Jen gnature of Registered Agent	10/16/2015	_
	ehalf of an entity:	Date	
Elizabeth	·		
	Typed or Printed Name		
	* * * FILING	FEE: \$35.00 * * *	