21655

(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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ALLAHASSEE, FLORIDA

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R. WHITE





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: August 4, 2015

Order#: 732421-122

Re: THE FOUNDATION FOR AIDS RESEARCH

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	ange is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, poration organized under the laws of the office or registered agent, or both, in the	State of New York
1. The name of	the corporation: THE FOUI	NDATION FOR AIDS RESEARCH, INC	ORPORATED
	office address: c/o Larry S	Straus 5621 Knighthurst Way	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 10/2	27/1987 Document number:	
	d street address of the curre rtment of State: (If resigned	ent registered agent and registered office d, enter resigned)	ند: براست پراست ندراست
	NRAI Services, Inc		ALL AND
	1200 South Pine Island R	Road	新原 第一 表別 よ。第一
	Plantation	FL 33324	高 東西
6. The name and (if changed):	d street address of the new	registered agent (if changed) and /or regi	stered office
	Corporation Service Com	npany	
	1201 Hays Street		
	T-11-1	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office a be identical.	and the street address of the business of	fice of its registered agent,
Such change wa authorized by th	as authorized by resolution ne board, or the corporation	n duly adopted by its board of directors on has been notified in writing of the cha	or by an officer so inge.
	7262	Dona Priebe	Vice President
Signet	re of an officer or director	Printed or typed n	ame and fitle
I further agree i performance of agent. Or, if thi hereby confirm	to comply with the provision my duties, and I am familiated is document is being filed.	ered agent and agree to act in this capa ons of all statutes relative to the proper iar with and accept the obligation of my merely to reflect a change in the registe seen notified in writing of this change.	city. and complete position as registered red office address, I
arCZ	co Z-Kuble	07/31/2015	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby			
Ty	yped or Printed Name		

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