

6/4/24, 9:42 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : MERIAM CORPORATE SERVICES, INC.
Account Number : 120230000158
Phone : (720)318-8456
Fax Number : (480)771-3338

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

Email Address: Meriamfinancial@gmail.com

REGISTERED AGENT CHANGE
RCN FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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17 JUN 9 11 17 2024

DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

NOT RECORDED

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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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RCN FOUNDATION, INC.
2. The principal office address: 933 LEE RD STE 250 ORLANDO FL 32810
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/17/2024 Document number: P24000027572
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)

NOAH NIX

4519 GEORGE RD STE 170

TAMPA, FL 33634

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

NOAH NIX

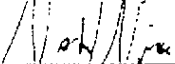
933 LEE RD STE 250

P.O. Box NOT acceptable

ORLANDO FL 32810

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

NOAH NIX, PRESIDENT

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

05.26.24

Date

If signing on behalf of an entity:

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
CR2E045 (04/13)

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