

P30109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

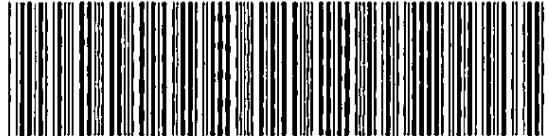
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800421346038

RECEIVED
2024 MAR -4 AM 11:33
OFFICE OF STATE
TALLAHASSEE, FL

RECEIVED
2024 MAR -4 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

57 100

R. HUNT

03/04/24

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 03/04/2024

****WALK IN****

ENTITY NAME American Near East Refugee Aid, Incorporated

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

NOTARY PUBLIC
STATE OF FLORIDA
TALLAHASSEE, FL
2024 MAR 4 AM 11:33
ED

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$35

ACCOUNT #: I20160000072

S R M

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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 Washington, DC
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: American Near East Refugee Aid, Incorporated
2. The principal office address: 1111 14TH Street NW, Suite 400 Washington, DC 20005
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/21/1968 Document number: P30109
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)

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

URS Agents, LLC

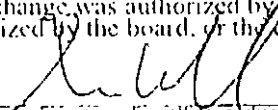
3458 Lakeshore Drive

P.O. Box NOT acceptable

Tallahassee, FL 32312

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

Sean Carroll, President & CEO

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

3.1.24
Date

If signing on behalf of an entity:

Kimberly Rogers, Vice President

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)

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL
JAN 24 2024
AM 11:33