06176380 Pg 1/3



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001754273)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

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

Email Address:\_\_\_\_\_

## REGISTERED AGENT CHANGE ROCKY MOUNTAIN ELK FOUNDATION, INC.

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

JUN 13 2018

Electronic Filing Menu Corporate Filing Menu

Help

FL

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: ROCKY MOUNTAIN ELK FOUNDATION, INC.

Name of Corporation

DOCUMENT NUMBER: P32731

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

at (888 ) 705-7274

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, 6	17.0502, 607.1508, or 617.1508, Florida	Statutes, this	
-		organized under the laws of the State of		
		registered agent, or both, in the State of I		
1. The name of t	the corporation: ROCKY MOU	NTAIN ELK FOUNDATION, INC	<u> </u>	
2. The principal office address: 5705 GRANT CREEK RD				
MISSOUL		59808		
3. The mailing a	ddress (if different): POBOX	8249		
MISSOU	JLA, MT 59807-8249			
4. Date of incorp	poration/qualification: 02/01/19	Document number: P3273	31	
	d street address of the current regis	tered agent and registered office on file wresigned)	ith the	
	C T CORPORATION SYS	STEM		
	1200 SOUTH PINE ISLAND	D ROAD	5. ≄4 <del>±</del>	
	PLANTATION, FL 33324		ALEG B	
			是是五	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Registered Agent Solution	ons, Inc.		
	155 Office Plaza Dr., Su	ite A	9: 2: ORID	
P.O. Box NOT acceptable				
	Tallahassee, FL 32301	·		
The street addre	ess of its registered office and the be identical.	street address of the business office of it	s registered agent,	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so	
Ist Icri Pur	rker	Lori Parker	Chief Financial Officer	
· ·	re of an officer or director	Printed or typed name and tit	le	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been not	ent and agree to act in this capacity. Il statutes relative to the proper and con and accept the obligation of my position to reflect a change in the registered offic ified in writing of this change.	nplete i as registered se address, I	
		06/04/2018		
Sign	nature of Registered Agent	Date	<del></del>	
If signing on be	haf of an entity:			
Justine Karn	nell - Assistant Secretary			

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

Typed or Printed Name