

P 34,755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

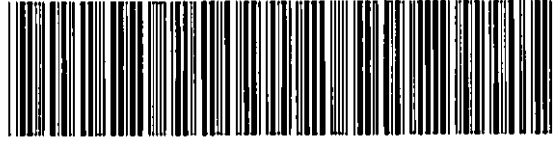
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 17 AM 9:00

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2021 AUG 17 PM 3:16

CLERK OF STATE
TALLAHASSEE, FL

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/17/2021

****WALK IN****

ENTITY NAME AMERICAN FOUNDATION FOR THE BLIND, INC

DOCUMENT NUMBER _____

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

XXXXX

Plain Copy

Certified Copy

Certificate of Status

****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 \$35.00

ACCOUNT #: I20160000072

E. B. J. H.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2021

SUNSHINE STATE

CORRECTED
Please Allow For
Same File Date

SUBJECT: AMERICAN FOUNDATION FOR THE BLIND, INC.
Ref. Number: P34755

We have received your document for AMERICAN FOUNDATION FOR THE BLIND, INC. and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

This document is too light for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 021A00019729

RECEIVED
2021 AUG 23 AM 11:58
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN FOUNDATION FOR THE BLIND, INC.
Name of Corporation

DOCUMENT NUMBER: P34755

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:

L. Williamson
Name of Contact Person
Harbor Compliance
Firm/Company
1830 Colonial Village Lane
Address
Lancaster, PA 17601
City/State and Zip Code
nonprofit@harborcompliance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leah Williamson at (717) 431-9038
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

- 1. The name of the corporation: AMERICAN FOUNDATION FOR THE BLIND, INC.
- 2. The principal office address: 1401 South Clark St, SUITE 730, Arlington, VA 22202
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 07/22/1991 Document number: P34755
- 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)

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR, SUITE A
TALLAHASSEE, FL 32301

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

Registered Agents Inc.
7901 4th St N STE 300
P.O. Box NOT acceptable
St. Petersburg FL 33702

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.

DocuSigned by: Patsy Carnache 8/20/2021
20610:29354108 Sign Envelope officer or director 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.

Bill Havre 08/20/2021
Signature of Registered Agent Date

If signing on behalf of an entity:

Bill Havre
Typed or Printed Name

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