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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Fmail	Address:			
Chart	MUMICAS.			

## REGISTERED AGENT CHANGE NONPROFIT TECHNOLOGIES, INC.

Certificate of Status Certified Copy 0 02 Page Count Estimated Charge \$35.00

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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, 6	97.1508, or 617.1	508, Flor	rida Statutes,	this	
	nge is submitted for a corporatio r to change its registered office o	_	· ·	•			
1.The name of t	he corporation: NonprofitTechno	logies,Inc.				·	
2.The principal 631 NORTH	office address:US HWY ONE, SUITE 101_NORT	пі рагм ві	EACH, FL 33408				
_	ddress (if different): H US HWY ONE, SUFFE 101 NO	RTH PALM	BEACH, FL 3340	8			
4. Date of incorporation/qualification: 03/08/1999 Document numb					000022535		
	street address of the current regi- rtment of State:(If resigned, enter		and registered o	ffice on fi	le with the		
	MASSEY,KEVINM						
	12880SOUTHSHOREDRIVE						
	PALMBEACHGARDENS,FL3.	3410					
6.The name and (if changed):	street address of the new registe	red agent (if	changed) and /or	r <b>re</b> gistere	d office		
	CTCorporationSystem						
	1200SouthPineIslandRoad						
		Hox NOT accep	stable				
	Plantation,Florida33324		<del></del>		25		
The street address changed will	ess of its registered office and the be identical.	e street addi	ess of the busine	ss offic	elius rossic	red algent,	
Such change was authorized by the	is authorized by resolution duly ne board, or the corporation has	adopted by been notific	its board of direc d in writing of th	tors or by	oan officer s		
Stepe	mpsen	St	ephanicBoehm,Se	cretary n	A →	Ö	
I hereby accept I further agree to performance of agent. Or, if thi	te of an officer or director the appointment as registered a to comply with the provisions of my duties, and I am familiar wit is document is heing filed merely that the corporation has been n	in ana accej v to reflect a	ree to act in this relative to the pr of the obligation of change in the re	capacity oper and of my pos gistered	complete ition as regis	stered is, I	
By: 120	porationSystem	3/	11/2019	Dute			
	half of an entity:						
MicheleHolden,	•						
Ty	sped 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, FL32314 CR26045 (03/12)