

12/27/2018
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To: Division of Corporations
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From: Account Name : REGISTERED AGENT SOLUTIONS INC
 Account Number : T20100000067
 Phone : (888)705-7274
 Fax Number : (888)706-7274

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

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**REGISTERED AGENT CHANGE
 THE ORCHARD FOUNDATION INC.**

| | |
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| Certificate of Status | 0 |
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE ORCHARD FOUNDATION INC.
Name of Corporation

DOCUMENT NUMBER: F99000002303

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:

Lisa de Vries

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:

Lisa de Vries

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

- 1. The name of the corporation: THE ORCHARD FOUNDATION INC.
- 2. The principal office address: 8596 EXPLORER DRIVE COLORADO SPRINGS, CO 80920
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: _____ Document number: F99000002303

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)

TIMOTHY A. STEPHENSON
11968 AVALON PRESERVE BLVD.
FT. MYERS, FL 33908

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

Registered Agent Solutions, Inc.
155 Office Plaza Dr., Suite A
P.O. Box NOT acceptable
Tallahassee, FL 32301

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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.

/s/ Timothy Cummings
Signature of an officer or director

Timothy Cummings Assistant Secretary
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

12/27/2018
Date

If signing on behalf of an entity:
Justine Karnell - Assistant Secretary
Typed or Printed Name

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