

P29513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BrightFocus Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: P29513

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:

Sandra Woodward

Name of Contact Person

Labyrinth, Inc.

Firm/Company

15829 Crabbs Branch Way, Suite 100

Address

Rockville, MD 20855

City/State and Zip Code

sandra@labyrinthinc.com

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

For further information concerning this matter, please call:

Sandra Woodward

Name of Contact Person

at (240) 614-7611

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, 607.0503, 607.1508, or 607.1509, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of DC
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BrightFocus Foundation, Inc.
2. The principal office address: 22512 Gateway Center Drive, Clarksburg, MD 20871
3. The mailing address (if different): 15829 Crabbs Branch Way, Suite 100, Rockville, MD 20855
4. Date of incorporation/qualification: 5/25/1990 Document number: P29513
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)

CT CORPORATION SYSTEM

1200 S. 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):

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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.

Stacy Pagos Haller
Signature of an officer or director

Stacy Pagos Haller, 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.

Leah Manuel
Signature of Registered Agent

7/8/2020
Date

if signing on behalf of an entity:

LEAH MANUEL
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)

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