

700308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

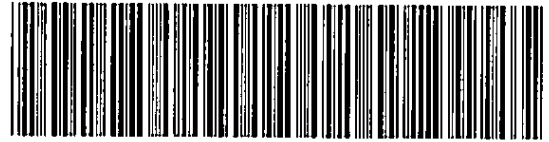
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Easter Seals Florida Inc  
Name of Corporation

**DOCUMENT NUMBER:** 700308

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:

Gladys Epps, CFO  
Name of Contact Person

Easter Seals Florida, Inc  
Firm/Company

2010 Crosby Way  
Address

Winter Park, FL 32792  
City/State and Zip Code

gepps@fl.easterseals.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gladys Epps at ( 813 ) 988-7633 x11104  
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  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Easter Seals Florida, Inc

2. The principal office address: 2010 Crosby Way, Winter Park, FL 32791

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1952 Document number: 700308

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)

Gory L. Taylor, Esq. Law Office of Cory Taylor PA

426 Harbour Oaks Pointe Drive

Orlando, FL 32809

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

Gory L. Taylor, Esq. Law Office of Cory Taylor PA

37 North Orange Avenue, Suite 500

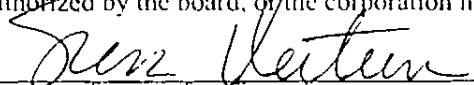
P.O. Box NOT acceptable

Orlando, FL 32801

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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, of the corporation has been notified in writing of the change.

  
Signature of an officer or director

Susan Ventura, Pres & 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.

  
Signature of Registered Agent

5/1/19  
Date

If signing on behalf of an entity:

Cory L. Taylor  
Typed or Printed Name

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