734216

| (Document Number) | | | |
|---|--|--|--|
| | | | |
| | | | |
| _ | | | |
| | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| , | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



100274715971

07/10/15--01004--001 **35.00

15 JUL 10 St II+34

Stond

JUL 1 4 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Action For Life, Inc.

Name of Corporation

DOCUMENT NUMBER: 734278

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:

Terese Flanigan

Name of Contact Person

Action for Life, Inc.

Firm/Company

P. O. Box 8206

Address

Naples, FL 34101

City/State and Zip Code

terese121@aol.com

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

For further information concerning this matter, please call:

Terese Flanigan

Name of Contact Person

at (239) 262-5433

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

| statement of cha | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nange is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida. | |
|---|---|--|
| | f the corporation: Action for Life, Inc. | |
| 7. The name of | al office address: 2663 Airport Road, Suite D-109 | |
| | FL 34112 | |
| 3. The mailing a Naples, | address (if different): P.O. Box 8206 s, FL 34101 | |
| 4. Date of incor | prporation/qualification: 11/10/1995 Document number: 734278 | |
| 5. The name and | nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned) | |
| | Edward C Melone | |
| | 6132 Thresher Drive | |
| | Naples, FL 34112 | |
| 6. The name and (if changed); | nd street address of the new registered agent (if changed) and /or registered office | |
| | Terese Flanigan | بغیر: د |
| | 3012 63rd Street SW | ************************************** |
| | P.O. Box NOT acceptable | |
| | Naples, FL 34105 | |
| The street address changed will | lress of its registered office and the street address of the business office of its registered a ll be identical. | gent, |
| Such change wauthorized by t | was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. | |
| John | John Bates Printed or typed name and title | |
| I hereby accept I further agree performance of agent. Or, if the | pt the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registere this document is being filed merely to reflect a change in the registered office address, I must the corporation has been notified in writing of this change. | d |
| Jerese | - Glanigan 7-6-15 | |
| | Date Dehalf of an entity: | |
| Terese Fla | | |
| | Typed or Printed Name | |

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