

734502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

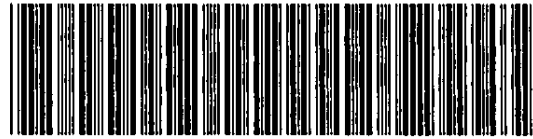
(Business Entity Name)

(Document Number)

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RA
Change
S. J. 1/15/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Spina Bifida Association of Central Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: 734502

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:

Karen Allen

Name of Contact Person

Spina Bifida Assoc. of Central Florida, Inc.
Firm/Company

100 W. Lucerne Circle, Suite 100-M
Address

Orlando, FL 32801

City/State and Zip Code

SBACFL@gmail.com

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

For further information concerning this matter, please call:

Karen Allen

Name of Contact Person

at (407) 488-2545

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: Spina Bifida Association of Central Florida, Inc.
- 2. The principal office address: 100 W. Lucerne Circle, Suite 100-M
Orlando, FL 32801
- 3. The mailing address (if different): same
- 4. Date of incorporation/qualification: 12/4/1975 Document number: 734502

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)

Patricia M. Bruner
1311 Blakemore Court
Tallahassee, FL 32317

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

Karen Allen
100 W. Lucerne Circle, Ste 100-M
P.O. Box NOT acceptable
Orlando, FL 32801

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.

Karan
Signature of an officer or director

Karen Allen, Executive Director
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.

Karan
Signature of Registered Agent

1-9-2013
Date

If signing on behalf of an entity:

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