

744798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

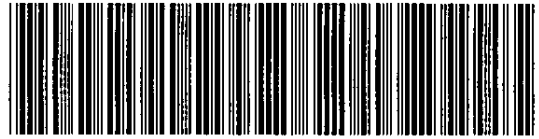
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

SEP 17 2009

acts

Agency For Community Treatment Services, Inc.

4612 North 56th Street Tampa, Florida 33610
Business Office 813-246-4899 Fax 813-621-6899

September 11, 2009

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314


RE: Change in Agent of Record for Agency for Community Treatment Services, Inc.

Attached please find the completed forms to change our Agent of Record and a check payable to the Florida Department of State in the amount of \$35.00.

We are requesting the Agent of Record be changed from Julie A. Reynolds to ACTS' Chief Executive Officer, Richard E. Brown.

Thank you in advance for your attention.

Sincerely,


Loretta Longworth
Director of Human Resources

LL/1

Attach.

Cc: Richard E. Brown

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Agency for Community Treatment Services, Inc
Name of Corporation

DOCUMENT NUMBER: 744 798

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:

Richard E. Brown
Name of Contact Person

Agency for Community Treatment Services, Inc.
Firm/Company

4612 N 56th St.
Address

Tampa, FL 33610
City/State and Zip Code

rbrown@actsfl.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard E. Brown at (813) 246-4899
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: Agency for Community Treatment Services, Inc.
2. The principal office address: 4612 N. 56th St Tampa, FL 33610

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/2/1978 Document number: 744798

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)

Resigned
Jolie Reynolds
4612 N. 56th St Tampa, FL 33610

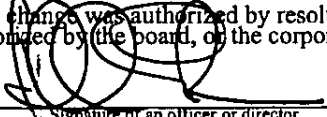
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Richard E. Brown
4612 N. 56th St. Tampa, FL 33610
P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA


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.


Signature of an officer or director

Richard E. Brown, Chief Executive Officer
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

9/9/09
Date

If signing on behalf of an entity:
Richard E. Brown
Typed or Printed Name

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