

12/19/2017

Division of Corporations

**FOV0000268**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000332849 3)))



H170003328493ABC4

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To: Division of Corporations  
 Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (512)418-6949  
 Fax Number : (954)208-0845

RECEIVED  
 TALLAHASSEE, FLORIDA

DEC 20 AM 8:48

FTD

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
 THE ARTHRITIS FOUNDATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED  
 17 DEC 20 AM 11:12  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

DEC 21 2017

S. YOUNG

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Arthritis Foundation, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F06000002268

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:

Nicole Kloiber  
Name of Contact Person  
The Arthritis Foundation, Inc.  
Firm/Company  
1355 Peachtree St NE #600  
Address  
Atlanta GA 30309  
City/State and Zip Code  
nkloiber@arthritis.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Kloiber at ( 312 ) 967-7085  
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 Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: The Arthritis Foundation, Inc.
- 2. The principal office address: 1355 Peachtree St NE #600 Atlanta GA 30309
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 4/11/2006 Document number: F06000002268

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)

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301

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

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

DEC 20 AM 8:48  
 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

Catherine McClellan Assistant Secretary/VP of Legal  
 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.*

C T Corporation System  
 By:   
 Signature of Registered Agent

12/19/2017  
 Date

If signing on behalf of an entity:

Michael Scraphin Asst. Secretary  
 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 (03/12)