

709000006808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

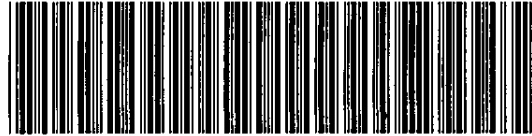
(Business Entity Name)

(Document Number)

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*AKH*  
FEB 04 2016  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Center for Critical Thinking, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N09000006808

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:

Joseph Frank Ellebracht  
Name of Contact Person

Firm/Company

8473 Bay Colony Dr. #503  
Address

Naples FL 34108  
City/State and Zip Code

joee3@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Frank Ellebracht at ( 239 ) 596-8709  
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: Center for Critical Thinking, Inc.

2. The principal office address: c/o Mary Anne Cox  
146 Ridge Dr. Naples, FL 34108

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

4. Date of incorporation/qualification: 07/13/2009 Document number: N09000006808

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)

Vivian Gazarek  
3985 Villmoor Ln  
Fort Myers, FL 33919

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

Joseph Frank Ellebracht  
8473 Bay Colony Dr. #503  
P.O. Box NOT acceptable  
Naples, FL 34108

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.

Carol Dubnicki  
Signature of an officer or director

Carol Dubnicki, Vice President  
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.*

Joseph Frank Ellebracht  
Signature of Registered Agent

01/29/2016  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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