N96000000482

(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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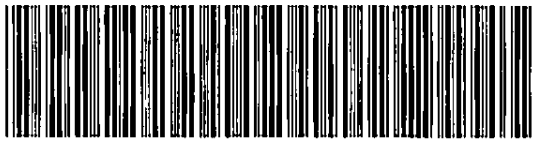

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R. WHITE

SEP 10 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advocate Counseling Services, Inc.
Name of Corporation

DOCUMENT NUMBER: N96000000482

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:

Carolyn Drakas
Name of Contact Person

Advocate Counseling Services, Inc.
Firm/Company

101 NE Third Avenue, Suite 110
Address

Fort Lauderdale, FL 33301
City/State and Zip Code

forensic-psy@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Drakas at (954) 393-6989
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

CR2E045 (03/12)

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: ADVOCATE COUNSELING SERVICES, INC.

2. The principal office address: 101 NE THIRD AVE., SUITE 110, FORT LAUDERDALE, FL 33301

3. The mailing address (if different): 3100 NE 48TH STREET, #710, FORT LAUDERDALE, FL 33308

4. Date of incorporation/qualification: 01/25/96 Document number: N96000000482

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)

CAROLYN DRAKAS

110 TOWER, 110 SE 6TH ST., #1713

FORT LAUDERDALE, FL 33301

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

CAROLYN DRAKAS

101 NE THIRD AVENUE, #110

P.O. Box NOT acceptable

FORT LAUDERDALE, FL 33301

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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

CAROLYN DRAKAS

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

May 31, 2019

Date

If signing on behalf of an entity:

CAROLYN DRAKAS

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)