

P34755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

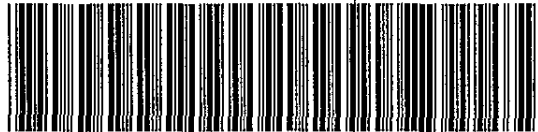
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NewCo Corporate Services, Inc.

875 Avenue of the Americas
Suite 501
New York, New York 10001

Telephone: (212) 220-3970

Internet Address: mgarcia350@aol.com

Fax: (212) 220-3929

November 30, 2004

Secretary of the Florida
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: **American Foundation for the Blind, Inc.**
Change of Agent - Florida

Dear Sir/Madam:

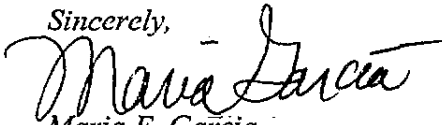
Enclosed please find **Statement of Change of Registered Office or Registered Agent** on behalf of the above entity, together with a check in the amount of \$ 35.

Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there are any problems, please contact the undersigned immediately at the following toll-free number 1-888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincerely,


Maria E. Garcia
Senior Specialist

Encls.

014-04-CHANGE OF AGENT

CHECK # 19857 Amount \$ 35

**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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AMERICAN FOUNDATION FOR THE BLIND, INC.
2. The principal office address: 11 Penn Plaza , Suite 300
New York, New York 10001
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/22/91 Document number: P34755
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System

1200 S. Pine Island Road

Plantation, FL 33324

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

NRAI Services, Inc.

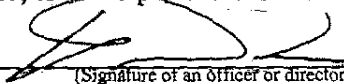
526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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)

Walter Decker, Executive 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.

NRAI Services, Inc.

by: 
(Signature of Registered Agent)

If signing on behalf of an entity:

Geraldine Miranda
(Typed or Printed Name)

11/30/04
(Date)

ASST V.P
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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