709089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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PA change

04/11/12--01021--001 **35.00

FILED
2012 APR 24 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*00789,00524,00671

4/24/12

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2012

Chris Lukowiak
Palmetto Youth Center
501 17th Street West
Palmetto, FL 34221

SUBJECT: PALMETTO YOUTH CENTER
Ref. Number: 709089

We have received your document for PALMETTO YOUTH CENTER and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for an alien corporation. The correct form is enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 212A00011651

RECEIVED
12 APR 24 PM 12: 03
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palmetto Youth Center, Inc
Name of Corporation

DOCUMENT NUMBER: 709089

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:

Chris Lukowiak
Name of Contact Person

Palmetto Youth Center
Firm/Company

501 17th St. W.
Address

Palmetto, FL 34221
City/State and Zip Code

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

For further information concerning this matter, please call:

Chris Lukowiak at (941) 722-0783
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 (8/05)

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

1. The name of the corporation: Palmetto Youth Center, Inc.
2. The principal office address: 501 17th St. W. Palmetto, Fl. 34221
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5-1-95 Document number: 709089
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)

Brenda Bell
501 17th Street West
Palmetto, Fl. 34221

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TALLAHASSEE, FLORIDA

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

Chris Lukowiak
501 17th Street West
P.O. Box NOT acceptable
Palmetto, Fl. 34221

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

_____ 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

4-17-12 Date

If signing on behalf of an entity:

Chris Lukowiak
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 (8/05)