

710148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

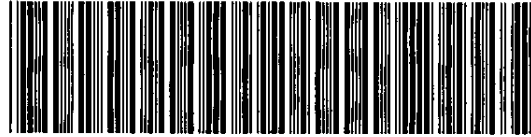
(Business Entity Name)

(Document Number)

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14 JUL 21 PM 1:46
STATE OF CALIFORNIA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. LEWIS
AUG 1 2014
EXAMINER



For INDEPENDENCE, INC.
Formerly Association for Retarded Citizens/Pasco, Inc.

TO: Amendment Section
Division of Corporations

Emile A. Laurino, Chief Executive Officer

Board of Directors

President

Gregory Roe

SUBJECT: The Center for Independence, Inc.

Secretary/Treasurer

Judy Bowes

DOCUMENT NUMBER: **710148**

Directors

Georgia Horton

Robert Memoli

Pastor Jerry Nordsiek

Gordon Troy

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:

Naomi S. Brooks

Name of Contact Person

Memorial Member

John Grogg

Betty Glass

The Center for Independence, Inc.

Firm/Company

Main Location

8726 Old County Road 54

New Port Richey, FL 34653

(727) 376-2777

Fax (727) 376-6842

FL Toll Free (Outside W. Pasco County)

1-866-685-2423

www.arcpasco.org

8726 Old County Rd 54

Address

New Port Richey, FL 34653

City/State and Zip Code

Nbrooks@cfiinc.org

E-mail address: (to be used for future annual report notification)

East Pasco Location

(352) 523-1027

Fax (352) 523-1038

For further information concerning this matter, please call:

Naomi Brooks at (727) 376-2777

Name of Contact Person Area Code & Daytime Telephone Number

Member of:

ARC of Florida

Enclosed is a \$35.00 check made payable to the Department of State.

Partially Funded by

Florida Agency for

Persons with Disabilities

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

Sponsored by:

State of Florida

Department of Education/

Division of Vocational Rehabilitation



United Way

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: The Center for Independence, Inc.
2. The principal office address: 8726 Old County Rd 54, New Port Richey, FL 34653
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1966 Document number: 710148

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)

Emile Laurino (resigned/ Retired)
8726 Old County Rd 54, New Port Richey, FL 34653

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

Cathy Holland
8726 Old County Rd 54, New Port Richey, FL 34653

P.O. Box NOT acceptable

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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.

Naomi S Brooks
Signature of an officer or director

NAOMI S. BROOKS, Director of Finance CFO
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]
Signature of Registered Agent

7.14.14
Date

If signing on behalf of an entity:

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