729251

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COVER LETTER

Division of Corporations The Arc of Putnam County, Inc. Name of Corporation 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: Kari Bates Name of Contact Person The Arc of Putnam County, Inc. Firm/Company 1209 Westover Drive Address Palatka, FL 32177 City/State and Zip Code kbates@arcputnam.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 325-2249 ext. 111 Kari Bates Area Code & Daytime Telephone Number Name of Contact Person 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

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	provisions of sections 607.0502, 61 ange is submitted for a corporation or to change its registered office or t	organized under i	the laws of th	ne State of Florida	-
1. The name of	the corporation: The Arc of Pu	tnam County	, Inc.		
2. The principal	office address: 1209 Westove	r Drive Pa	latka, FL	32177	
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 04/02/19	74 Docu	ment number	729251	
	d street address of the current register rement of State: (If resigned, enter reward)		gistered offic	e on file with the	4
	1209 WESTOVER DR PALATKA, FL 32177		· · · ·		FILL 1:08
6. The name and (if changed):	d street address of the new registered	d agent (if change	ed) and /or re	gistered office	. ₆ 6
	Kari Bates			_ 	•
	1209 Westover Drive			·	
	P.O. Bo	x NOT acceptable			
	ess of its registered office and the s be identical.				nt.
authorized by the	as authorized by resolution duly ad he board, or the corporation has bee	opted by its boarden notified in wri	d of director ting of the c	s or by an officer so hange.	
XX	5/	Preston S		sident, Board of Directors	_
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered age to comply with the provisions of al my duties, and I am familiar with a is document is being filed merely to that the corporation has been noti,	l statutes relative and accept the ob o reflect a change	ect in this cap to the prope digation of n	er and complete nv position as registered siered office address. I	
Kan	Sotes	11/08/2			_
~	enature of Registered Agent		Da	te	
T'	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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