

735946

Requestor's Name



one #

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-08/31/98--01044--017
Office Use Only **35.00 *****35.00

CORPORA 1511-H E. Fowler Avenue
Tampa, FL 33612

DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait ☐ Photocopy

- ☐ Certified Copy
☐ Certificate of Status

FILED
 98 AUG 31 PM 2:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Handwritten signature and initials
9-8

Examiner's Initials

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: New Thought Science of Mind Center, Inc.

2. The mailing address of the corporation is: 1511 East Fowler Ave, Suite H,
Tampa, FL 33612-5429

3. Date of incorporation/qualification: 05/28/76 Document number: 9546

4. The name and address of the current registered agent and office:

W. R. LePere
6809 N. DIXON AVE
Tampa, FL 33604

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

ANN REITH
1101 POINT OF ROCKS ROAD #1
SARASOTA FLORIDA 34242

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.

W. R. LePere Jr. 8/16/98
(Signature of an officer, chairman or vice chairman of the board) (Date)

W. R. LePere Jr. Treasurer
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Ann Reith
(Signature of Registered Agent)

8.16.1998
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)