

745524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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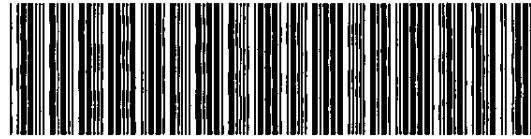
(Business Entity Name)

(Document Number)

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DEC 17 2013  
T. CARTER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Seagull Industries for the Disabled, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 745524

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:

Barbara Nurenberg  
Name of Contact Person

Seagull Industries for Disabled, Inc.  
Firm/Company

3879 Byron Drive  
Address

West Palm Beach, FL 33404  
City/State and Zip Code

bnurenberg@seagull.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Nurenberg at 561 842-5814  
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

**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: Seagull Industries for the Disabled, Inc.
2. The principal office address: 3879 Byron Drive, West Palm Beach, FL 33404
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/11/1979 Document number: 745524
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)

Alfred Eisinger  
10281 TRIANON PLACE  
WELLINGTON, FL 33449

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

Barbara Nurenberg  
3879 Byron Drive  
P.O. Box NOT acceptable  
West Palm Beach, FL 33404

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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.

James Barnard  
Signature of an officer or director

James Barnard  
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.*

Barbara Nurenberg  
Signature of Registered Agent

12/2/2013  
Date

If signing on behalf of an entity:

Barbara Nurenberg  
Typed or Printed Name

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