

767398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

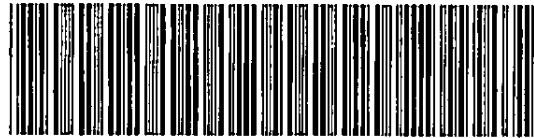
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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C# 11/1/21

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Specialized Treatment Education and Prevention Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 767398

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:

Cheryl Bello

Name of Contact Person

Specialized Treatment Education and Prevention Services, Inc  
Firm/Company

1033 N. Pine Hills Road  
Address

Orlando, FL 32808  
City/State and Zip Code

Cheryl.Bello@FLSTEPS.ORG  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Bello

Name of Contact Person

at ( 407 ) 879-1201

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Specialized Treatment Education and Prevention Services, Inc
2. The principal office address: 1033 N. Pine Hills Road  
Orlando, FL 32808
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/13/1983 Document number: 767398
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)

Kathleen Turner

1033 N. Pine Hills Road

Orlando, FL 32808

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

Cheryl Bello

1033 N. Pine Hills Road

P.O. Box NOT acceptable

Orlando, FL 32808

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]  
Signature of an officer or director

Eric Jones, President Board of Directors

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

3/25/2021  
Date

If signing on behalf of an entity:

Cheryl Bello

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 (04/13)