

770631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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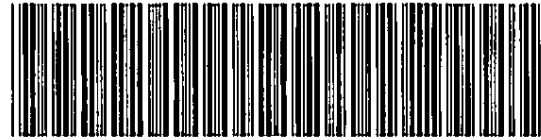
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARCHWAYS, INC  
Name of Corporation

**DOCUMENT NUMBER:** 770631

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:

JEANETTE GREY  
Name of Contact Person  
ARCHWAYS, INC  
Firm/Company  
919 N. E. 13TH STREET  
Address  
FORT LAUDERDALE, FL 33304  
City/State and Zip Code

JGREY@ARCHWAYS.ORG  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEANETTE GREY at ( 954 ) 763-2030 EXT 233  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2021

BARBARA J FERRY  
919 NE 13TH ST  
FT LAUDERDALE, FL 33304

SUBJECT: ARCHWAYS, INC.  
Ref. Number: 770631

We have received your document for ARCHWAYS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

Letter Number: 521A00017409

**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: ARCHWAYS, INC
- 2. The principal office address: 919 N.E 13TH STREET, FORT LAUDERDALE, FL 33304
- 3. The mailing address (if different): SAME
- 4. Date of incorporation/qualification: 10/7/1983 Document number: 770631

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)

ANDREA KATZ (RETIRED)  
919 N.E 13TH STREET  
FORT LAUDERDALE, FL 33304

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

AILEEN TURNER-NESTOR, LMHC  
919 N.E. 13TH STREET  
P.O. Box NOT acceptable  
FORT LAUDERDALE, FL 33304

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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.

*Don Ault*  
 Signature of an officer or director

David Sawcett, Chair  
 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.*

*A Turner Nestor*  
 Signature of Registered Agent

10/25/2021  
 Date

If signing on behalf of an entity:

AILEEN TURNER-NESTOR  
 Typed or Printed Name

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