

770631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

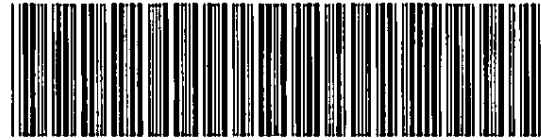
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700369209357

07/02/21--0107--011 4433.00

2021 OCT 26 PM 2:52

Palch

OCT 26 2021

I ALBRITTON

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

Name of Contact Person

at (954) 763-2030 EXT 233
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

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 Anhalt

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 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)