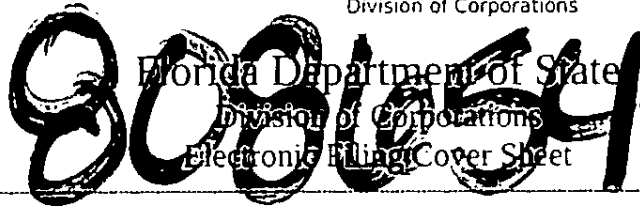


6/23/2021

Division of Corporations



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000247214 3)))



H210002472143ABCX

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
MUSCULAR DYSTROPHY ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

JUN 24 2021

S. PRATHF

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MUSCULAR DYSTROPHY ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 808654

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:

MORGAN NOBLE

Name of Contact Person

Firm/Company

7901 4th St N Ste 300

Address

St. Petersburg, FL 33702

City/State and Zip Code

eastern@northwestregisteredagent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Morgan Noble

Name of Contact Person

at ( 509 ) 768-2249

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 NEW YORK in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MUSCULAR DYSTOPHY ASSOCIATION, INC.
2. The principal office address: C/O LINDSAY KASSOF  
11 EAST 44TH STREET, 17TH FLOOR, NEW YORK, NY 10017
3. The mailing address (if different): C/O JENNIFER BUZALSKI  
161 N. CLARK STREET, #3550, CHICAGO, IL 60601
4. Date of incorporation/qualification: 08/22/1951 Document number: 808654
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)

INCORP SERVICES, INC.

17888 67TH COURT NORTH

LOXAHATCHEE, FL 33470

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

NORTHWEST REGISTERED AGENT, LLC

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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.

Donald S Wood

Signature of an officer or director

Dr. Donald S. Wood / President

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.*

Tom Glover

Signature of Registered Agent

06/23/2021

Date

If signing on behalf of an entity:

Tom Glover / Manager

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 (03/12)

STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2021 JUN 24 AM 8:14

FILED