

808654  
 Division of Corporations  
 Florida Department of State  
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 Electronic Filing Cover Sheet

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

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
 Account Number : 110432003053  
 Phone : (561)694-8107  
 Fax Number : (561)214-8442

2023 MAR 31 10:15

\*\*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
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Page Count	02
Estimated Charge	\$35.00

2023 MAR 31 PH 4:41

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Corporate Filing Menu

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**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 Dystrophy Association, Inc.

2. The principal office address: 161 N. CLARK, STE. 3550, CHICAGO, IL 60601

3. The mailing address (if different): \_\_\_\_\_

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)

NORTHWEST REGISTERED AGENT, LLC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702

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

Corporate Creations Network Inc.  
801 US Highway 1  
North Palm Beach, FL 33408  
P.O. Box NOT acceptable

2023 MAR 31 AM 0:15

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.

*Timberlyn Teefey*  
Signature of an officer or director

Timberlyn Teefey, Attorney-in-Fact  
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.*

*Timberlyn Teefey*  
Signature of Registered Agent

03/31/2023  
Date

If signing on behalf of an entity:

Timberlyn Teefey, Special Secretary  
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  
CR2B045 (04/13)