

F03000004105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

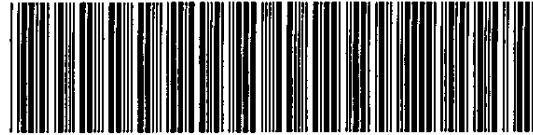
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Academy of Clinical Sexologists, Inc.
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Granzig
(Name of Person)

American Academy of Clinical Sexologists, Inc.
(Firm/Company)

3203 Lawton Road Suite 170
(Address)

Orlando, FL 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

William Granzig at (954) 390-0878
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☒ \$43.75 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR
REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION**

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

1. American Academy of Clinical Sexologists, Inc.
(Name of alien business organization)
2. 8/18/2003 3. F03000004105 4. _____
(Florida registration date) (Florida document number) (FEI Number, if applicable)
5. 3203 Lawton Road Suite 170
(Principal office address)

6. Name and address of registered agent and office currently on record with this office:

Willard B. Easterling
120 W. Lake Sue Ave
Winter Park, FL 32789

7. New registered agent and/or office address:

William Granzig
3203 Lawton Road Suite 170
Orlando, FL 32803

(Note: Registered office must be a Florida street address)

8. The street address of the registered office and the street address of the business office of the registered agent are identical.
9. Such change was authorized by the board of directors or an officer of the corporation so authorized by the board of directors.

10. W^m Granzig
(Signature of chairman, vice chairman, or officer)

11. William A. Granzig-President
(Name and capacity of person signing in number 10 above)

12. Signature of new registered agent, if applicable:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

W^m Granzig
(Registered agent accepting appointment)

June 13, 2006
(Date)

FILING FEE: \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314**

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