F04000003708

(Re	equestor's Name)	
(Ac	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv.



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TILED RAY OF SAME AND SAME AND

COVER LETTER

Division of Corporations
SUBJECT: ADVISORY COMMISSION ON TEXT BOOK SPECIFICATIONS, INC.
DOCUMENT NUMBER: F040000 3708
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:
DANIEL N. BACH Name of Contact Person Advisory Commission on Textbook Specifications Lik. Firm/Company
2 Armand Beach Drive, Suite 1B
PALM COAST FL 32137 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (386) 986-4552 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

TO:

Amendment Section

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 <u>PISMic+oFG</u> lum Bi _s lin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Advisory Commission on Textbook Specifications, Inc. 2. The principal office address: 2 ARMAND BEACH DRIVE Swife 1B PALM COAST, FL 32137
3. The mailing address (if different):
4. Date of incorporation/qualification: $\sqrt{2J/2002}$ Document number: $\sqrt{F04000003768}$
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)
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD # 250
PLANTATION, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
RoBert J. BoyD, EsQ-
660 EAST JEFFERSON STREET Swite 102 P.O. BON NOT acceptable
P.O. BOX NOT acceptable TAUAHASSEE, FL 3,3301 W
as changed will be identical.
authorized by the board, or the corporation has been notified in writing of the change.
DANIEL N. BACH, Administrative Director Printed or typed name and silve + Seerichary Mers
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 auties, 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 applirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
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)