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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

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

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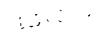
REGISTERED AGENT CHANGE WCA OF CENTRAL FLORIDA, INC.

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By:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delaware
	r to change its registered office of the corporation: WCA of Central	or registered agent, or both, in the State of Florida. Florida, Inc.
2. The principal	office address: no change	
4. Date of incorp	oration/qualification: 10/14/200	5 Document number: F05000005986
	street address of the current reg tment of State; (If resigned, ente	istered agent and registered office on file with the resigned)
	CORPORATION SERVICE CO.	MPANY 25
	CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
		· · · · ·
6. The name and (if changed):	street address of the new registe	ered agent (if changed) and /or registered office 99
	C T Corporation System	
	1200 South Pine Island Road	
		P.O. Box NOT acceptable
	Plantation, Florida 33324	
The street addre	ss of its registered office and the identical.	ne street address of the business office of its registered agent,
		adopted by its board of directors or by an officer so been notified in writing of the change.
Malaki	Pickery	Natalie Pickens, Secretary
Signanu	e of an officer or director	Printed or typed name and title
I furthér agrée t ôf my duties, an document is bei	o comply with the privisions of d I am fumiliar with and accept ny filed merely to reflect a char been notified in writing of this	agent and agree to act in this capacity. I all statutes relative to the proper and complete performance I the obligation of my position as registered agent. Or, if this age in the registered office address, I hereby confirm that the change.
Man	1 chan	12/8/2020
Sign	native of Registered Agent	Date
If signing on be	half of an entitAlfred Yo	ounan
	Assistant S	ecretary
T	ned or Printed Name	<i>'</i>

* * * FILING FEE: \$35.00 * * *