

F080000004866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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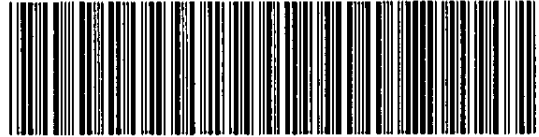
(Business Entity Name)

(Document Number)

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change

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16 MAR -2 AM 11:51  
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FILED  
16 MAR -2 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 03 2016

A RAMSEY

: CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 040240 7813988

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : March 1, 2016

ORDER TIME : 8:30 AM

ORDER NO. : 040240-005

CUSTOMER NO: 7813988

CHANGE OF AGENT

NAME: ELS FOR AUTISM FOUNDATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Els for Autism Foundation

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F08000004866

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:

Belquis Colon

\_\_\_\_\_  
Name of Contact Person

Els for Autism Foundation

\_\_\_\_\_  
Firm/Company

18370 Limestone Creek Rd.

\_\_\_\_\_  
Address

Jupiter FL 33458

\_\_\_\_\_  
City/State and Zip Code

belquis.colon@elsforautism.org

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

For further information concerning this matter, please call:

Belquis Colon

\_\_\_\_\_  
Name of Contact Person

at (561) 625-8264

\_\_\_\_\_  
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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Els for Autism Foundation Inc.
2. The principal office address: 18370 Limestone Creek Rd.  
Jupiter, FL 33458
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/12/2008 Document number: F08000004866
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)

Corporate Creations Network, Inc.  
11380 Prosperity Farms Road #221  
Palm Beach Gardens, FL 33410

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

[Signature]  
Signature of an officer or director

LIEZL ELS  
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.

Corporation Service Company

By: [Signature]  
Signature of Registered Agent

03.02.16  
Date

If signing on behalf of an entity:

Courtney Williams

Asst. Vice President

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)

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TALLAHASSEE, FLORIDA