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MAR 0 3 2016 A RAMSEY : CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 040240 7813988 AUTHORIZATION COST LIMIT 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

Division of Corporations			
Els for Autism Foundation SUBJECT:			
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:			
Name of Contact Person			
Els for Autism Foundation			
18370 Limestone. Creak Rd. Address Tupite: FL 33450 City/State and Zip Code			
Jupiter FC 33450 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Rame of Contact Person at (5101) 1675-8264. Name of Contact Person Area Code & Daytime Telephone Number			
Rame of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35,00 check made payable to the Department of State.			

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (03/12)

TO: Amendment Section

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

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 Line House Creek Ed. 3. The mailing address (if different): 4. Date of incorporation/qualification: 111122006 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 Creekings Read #221 Final Read F	-	of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the laws of the State of \widehat{De} \widehat{C}	
1. The name of the corporation: Els for Autism Foundation Inc. 2. The principal office address: 18370 Lime Autism Circle Ed. 3. The mailing address (if different): 4. Date of incorporation/qualification: 11122003 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) Cur Porate Creations Reduced Tailors Read #221 Fig. 1. 300 Prespective Factors Read #221 Fig. 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 Taillahassee 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. Liez L Els Intereby accept the appointment as registered agent and agree to act in this capacity. If further agree to a comply with the provisions of all statutes relative to the proper and complete performance of now 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 affice address. I hereby confirm that the corporation has been notified in writing of this change in the registered office address. I	in order to change		•
2. The principal office address: 18370 Lime House Crack Rd. 3. The mailing address (if different): 4. Date of incorporation/qualification: 11122008 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 Cracking Road #221 147 1380 Presperty Farms Road #221 147 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 Tallahassee FL 32301 The street address of its registered öffice 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. Lie Lea Garage Complete Printed or typed name and unterlined to the proper and complete performance of my dulies, 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 affice address. I hereby confirm that the corporation has been notified in writing of this change.	1. The name of the corporati	ion: Els for Autism Foundation Inc.	
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If signing on behalf-of-an entity: Courtney Williams			
Asst. Vice President Typed or Printed Name	Asst. Vise P	?resident	

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