

F9300002163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

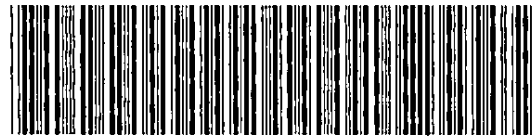
(Business Entity Name)

(Document Number)

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*Spach*  
JUN 20 2017  
R. WHITE

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Parkinson's Foundation, Inc.  
Name of Corporation

DOCUMENT NUMBER: F93000002163

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:

Sandra L. Woodward  
Name of Contact Person

Labyrinth, Inc.  
Firm/Company

1010 Rockville Pike, Suite 308  
Address

Rockville, MD 20852  
City/State and Zip Code

sandra@labyrinthinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra L. Woodward at ( 760 ) 614-7611  
Name of Contact Person 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 New York in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Parkinson's Foundation, Inc.
2. The principal office address: 200 SE 1st Street, Suite 800, Miami, FL 33131
3. The mailing address (if different): 1010 Rockville Pike, Suite 308  
Rockville, MD 20852
4. Date of incorporation/qualification: 05/10/1993 Document number: F93000002163
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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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 of an officer or director

Curt De Greff, CFO

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.*



Signature of Registered Agent

May 11, 2017

Date

If signing on behalf of an entity:

Joanna Fernandez on behalf of InCorp Services, Inc.

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)