

F93 000002873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

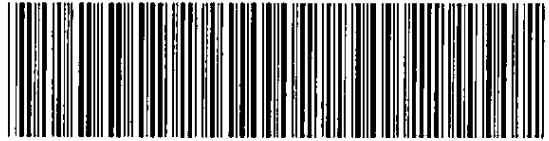
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900411492889

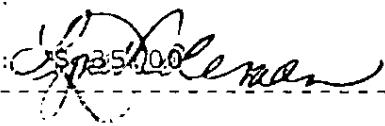
2023 JUL 35 11:10

RECEIVED
2023 JUL 35 AM 11:14
ALLAHASSEE, FLORIDA

A handwritten signature in black ink, appearing to be 'AL'.

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

ACCOUNT NO. : I20000000195
REFERENCE : 883954 8409180
AUTHORIZATION :
COST LIMIT : \$25,000



ORDER DATE : July 19, 2023

ORDER TIME : 9:13 AM

ORDER NO. : 883954-006

CUSTOMER NO: 8409180

CHANGE OF AGENT

NAME: THE AMYOTROPHIC LATERAL
SCLEROSIS ASSOCIATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexis Weiland-sorenson

EXAMINER'S INITIALS: _____

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: THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION, INC.
2. The principal office address: 1300 Wilson Boulevard, Suite 600, Arlington, VA 22209

3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/22/1993 Document number: F93000002873

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.
801 US Highway 1
North Palm Beach FL 33408

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
P.O. Box NOT acceptable

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.

Jill E. Cilmi
Signature of an officer or director

Jill Cilmi, Vice President
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: Cecil M. Lee
Signature of Registered Agent

07/26/2023
Date

If signing on behalf of an entity:

Ami M. Casper, 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 (04/13)