

APR-28-2008  
DIVISION

# F97000003840

Florida Department of State  
Division of Corporations  
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## REGISTERED AGENT CHANGE

UNITED CEREBRAL PALSY ASSOCIATIONS, INC.

Certificate of Status	0
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*PA Ch* *04/28/2008*  
*04/28/08*

**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: United Cerebral Palsy Associations, Inc.
- 2. The principal office address: 1680 L Street NW, Ste 700, Washington DC 20038
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 7/22/1997 Document number: F97000003840
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE SUITE 4  
WESTON FL 33331

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

Business Filings Incorporated  
1203 Governors Square Blvd, Suite 101  
(P.O. Box or personal mailbox NOT acceptable)  
Tallahassee, Florida 32301-2960

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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 authorized by the board, or the corporation has been notified in writing of the change.

Stephen Bennett  
(Signature of an officer, chairman or vice chairman of the board)

Stephen Bennett, 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.*

M. Williams  
(Signature of Registered Agent)

4/25/08  
(Date)

If signing on behalf of an entity:

Mark Williams  
(Typed or Printed Name)

AVP  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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