

NO 00000000 8096

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000076832 3)))



H240000768323ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : MYLLC.COM, INC.
Account Number : I20130000077
Phone : (888)886-9552
Fax Number : (888)776-9552

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Compliance@myllc.com

DEPT OF STATE
TALLAHASSEE, FL

2024 FEB 27 AM 8:43

FILED

RECEIVED

2024 FEB 27 PM 3:34

REGISTERED AGENT CHANGE
THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, I

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC.
Name of Corporation

DOCUMENT NUMBER: N00000008096

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:

Courtnei Goff
Name of Contact Person
MyLLC.com, Inc.
Firm/Company
1910 Thomas Ave
Address
Cheyenne, WY 82001
City/State and Zip Code

compliance@myllc.com

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

For further information concerning this matter, please call:

Courtnei Goff on behalf of MyLLC.com, Inc. at 888-886-9552
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2024 FEB 27 AM 8:43
TALLAHASSEE, FL
DEPARTMENT OF STATE

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 _____ In order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC.

2. The principal office address: _____

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/08/2000 Document number: N00000008096

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)

STAUNTON, JOHN ESQ.

3000 Gulf To Bay Blvd Ste 102

Clearwater, FL 33759

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

InCorp Services, Inc.


3458 Lakeshore Drive

P.O. Box NOT acceptable

Tallahassee, FL 32312

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

Michelle Diebert, 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.


Signature of Registered Agent

02/07/2024

Date

If signing on behalf of an entity:

Louise Breytenbach 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 (04/13)

2024 FEB 27 AM 8:43
DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED