

N02-000003882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

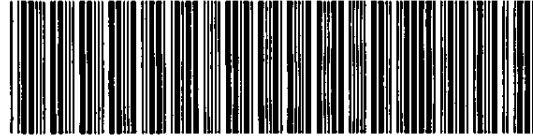
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000283055630

03/21/16--01008--020 **35.00

FILED

2016 APR -4 PM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 05 2016

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2016

WILLIAM L WHITE
102 RUSSELL STREET
BUFFALO, NE 14214

SUBJECT: THE AMERICAN ASSOCIATION FOR TEACHING AND
CURRICULUM INCORPORATED
Ref. Number: N02000003882

We have received your document for THE AMERICAN ASSOCIATION FOR TEACHING AND CURRICULUM INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 716A00006161

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Association for Teaching and Curriculum
Name of Corporation

DOCUMENT NUMBER: N02000003882

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:

William L White

Name of Contact Person

American Association for Teaching and Curriculum

Firm/Company

102 Russell Street

Address

Buffalo, NY 14214

City/State and Zip Code

whitewl@buffalostate.edu

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

For further information concerning this matter, please call:

William White

Name of Contact Person

at (**304**) **290-0336**

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

1. The name of the corporation: American Association for Teaching and Curriculum

2. The principal office address: 102 Russell Street, Buffalo, NY 14214

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/20/2002 Document number: N02000003882

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)

Resigned

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

John L Pecore, Associate Professor

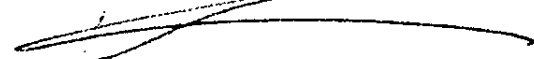
Dept. of TEEL - University of West Florida, Bldg 85/Rm 196

P.O. Box NOT acceptable

11000 University Pkwy., Pensacola, FL 32514

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

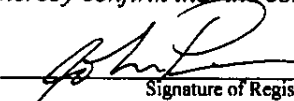
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

William L White, 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

March 31, 2016

Date

If signing on behalf of an entity:

John L Pecore

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 APR -4 PM 9:10

FILED