## N03000004414

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## COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Palm Beach School for Autism, Inc. Name of Corporation	
DOCUMENT NUMBER: N03000004414	
The enclosed Statement of Change of Registered Offic	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Louisa Legato	
Name of Contact Person Palm Beach School for Autism, Inc.	
Firm/Company 8480 Lantana Road	
Address Lake Worth, FL 33467	<del></del>
City/State and Zip Code    Ilegato@bellsouth.net	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Louisa Legato	561 512-3960 at ( )
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

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga er to change its registered office or regis	nnized under the laws of the State of _	<del> </del>		
	Palm Beach School for A	outism. Inc.			
2. The principal	8480 Lantana Road, Lake office address:	Worth, FL 33467			
3. The mailing a	address (if different):				
4. Date of incor	address (if different):5/24/2003 poration/qualification:	N0300000 Document number:	<del></del>		
	d street address of the current registered rtment of State: (If resigned, enter resign		h the		
	Louisa Legato				
	Palm Beach School for Autism. Inc.				
	8480 Lantana Road, Lake Worth, FL 334	67			
6. The name and (if changed):	d street address of the new registered ag		2022 APR		
	Ann Eisenberg	<u> </u>	-£2 No green		
	Palm Beach School for Autism, Inc.	P.Y.	S AH		
		RIV INVI acceptance	7: 0		
The street addr	ess of its registered office and the stree I be identical.		ாegistered agent		
Such change way authorized by t	as authorized by resolution duly adopt he board, or the corporation has been r	ed by its board of directors or by an contified in writing of the change.	officer so		
Kandle	Palriel	Randee Gabriel, President			
Signati	are of an officer or director	Printed or typed name and titl			
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as registered agent a to comply with the provisions of all sto nd I am familiar with and accept the ol ing filed merely to reflect a change in t s been notified in writing of this chang	md agree to act in this capacity, itutes relative to the proper and com bligation of my position as registered the registered office address. I hereby e.	plete performand agent. Or, if the confirm that th		
		4/21/22			
Sig	gnature of Registered Agent	Date	1912		
If signing on be	ehalf of an entity:				
<del></del>	Typed or Printed Name				

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