

Nb4 000001813

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OCT 03 2015  
C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Hope Center for Autism, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N04000001813

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:

Joanne Sweazey

Name of Contact Person

The Hope Center

Firm/Company

1695 SE Indian Street

Address

Stuart, FL. 34994

City/State and Zip Code

jsweazey@hopecenterforautism.org

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

For further information concerning this matter, please call:

Joanne Sweazey

Name of Contact Person

at ( 772 ) 334-3288

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: The Hope Center for Autism, Inc
2. The principal office address: 1695 SE Indian Street Stuart, FL. 34997
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: February 20, 2004 Document number: N04000001813
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)

Shannon Kiess

1695 SE Doverbrook St.

Port Saint Lucie, FL. 34983

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

Joanne Sweazey

1695 SE Indian Street

P.O. Box NOT acceptable

Stuart, FL. 34994

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.

Cheryl K. Hendrix  
Signature of an officer or director

Cheryl K. Hendrix  
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.

Joanne Sweazey  
Signature of Registered Agent

9/21/16  
Date

If signing on behalf of an entity:

Joanne Sweazey

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

2016 SEP 27 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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