

N04000005943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

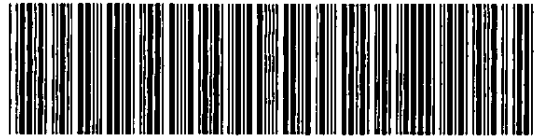
(Business Entity Name)

(Document Number)

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Change

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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RF  
8/13/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** St. Augustine Parkinson's Disease Support Group and NPF Affiliate Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N04000005943

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:

NIKKI STEEN

Name of Contact Person

LEGALFILINGS.COM, INC

Firm/Company

16830 VENTURA BLVD, SUITE #360

Address

ENCINO, CA 91436

City/State and Zip Code

TENORE2@HOTMAIL.COM

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

For further information concerning this matter, please call:

NIKKI STEEN

Name of Contact Person

at ( 818 ) 380-1940 EXT 373

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 principal office address: St. Augustine Parkinson's Disease Support Group and NPF Affiliate Inc.  
1 University Blvd, St. Augustine, FL 32086

3. The mailing address (if different): 1625 Bay Hawk Lane, St. Augustine FL 32084

4. Date of incorporation/qualification: 6/14/2009 Document number: N04000005943

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)

LEGAL SERVICES, INC.

155 OFFICE PLAZA DRIVE

TALLAHASSEE, FL 32301

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

REGISTERED AGENTS LEGAL SERVICES, LLC

155 OFFICE PLAZA DRIVE, SUITE A

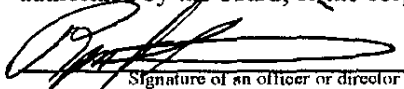
P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

ROGER GERONIMO/VICE 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

8.3.09  
Date

If signing on behalf of an entity:

Denise Fowler  
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 (8/05)