

NO 6000000 4561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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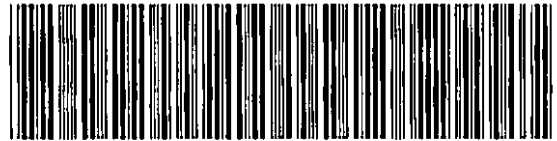
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE

SEP 04 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Supported Employment Plus Inc
Name of Corporation

DOCUMENT NUMBER: NO6000004561

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:

Regina Anderson
Name of Contact Person

Supported Employment Plus Inc
Firm/Company

5370 57 Ave N
Address

St Petersburg, FL 33709
City/State and Zip Code

RANDERSON@SUPPORTEDEMPLOYMENTPLUS.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regina Anderson at (727) 527-1498
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
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: SUPPORTED EMPLOYMENT PLUS INC.
2. The principal office address: 5370 57th Ave N.
St. Petersburg, FL 33709
3. The mailing address (if different): 5370 57th Ave N.
St. Petersburg, FL 33709
4. Date of incorporation/qualification: 02/01/2007 Document number: NO6000004561

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)

JONES, PHYLLIS N
5388 57 AVE. NORTH
ST. PETERSBURG, FL 33709

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

ANDERSON, REGINA LYNN
5370 57 Ave N
St. Petersburg, FL 33709

P.O. Box NOT acceptable

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.

Regina Anderson
Signature of an officer or director

Regina Anderson
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.

Regina Anderson
Signature of Registered Agent

08/23/2018
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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TALLAHASSEE, FL

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