

NO6000007490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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14 APR 18 AM 11:16  
DIVISION OF CORPORATION

APPROVED  
AND  
FILED  
14 APR 18 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
APR 18 2014  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida School Counselor Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N06000007490

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:

**Curtis Jenkins**

Name of Contact Person

**Florida School Counselor Association**

Firm/Company

**2909 Giverny Circle**

Address

**Tallahassee, FL 32309**

City/State and Zip Code

**crtsjnkns@gmail.com**

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

For further information concerning this matter, please call:

**Curtis Jenkins**

Name of Contact Person

at **(850) 661-9389**

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: Florida School Counselor Association, Inc.
2. The principal office address: 2909 Giverny Circle  
Tallahassee, FL 32309
3. The mailing address (if different): P. O. Box 752  
Safety Harbor, FL 34695-0752
4. Date of incorporation/qualification: 7/15/2006 Document number: N06000007490
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)

Russell A Sabella

4922 SW 26th Pl

Cape Coral, FL 33914

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

Curtis T. Jenkins

2909 Giverny Circle

P.O. Box NOT acceptable

Tallahassee, FL 32309

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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

Curtis T. Jenkins - Finance Chair  
\_\_\_\_\_  
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

April 18, 2014  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Curtis T. Jenkins  
\_\_\_\_\_  
Typed or Printed Name

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