

N06000011357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

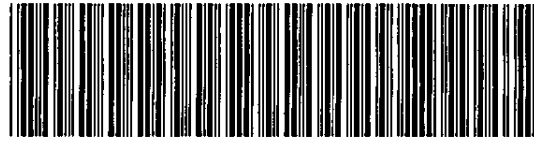
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

01/19/07--01027--020 **35.00

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2007 JAN 19 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NR
1/25/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Families Exploring Down Syndrome of Brevard, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N06000011357

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:

Pat Wright

(Name of Contact Person)

Families Exploring Down Syndrome of Brevard, Inc.
(Firm/Company)

678 North Hedgecock Square

(Address)

Satellite Beach, FL 32937

(City/State and Zip Code)

For further information concerning this matter, please call:

Theresa Mitchell

(Name of Contact Person)

at

(321)

480-4796

(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: Families Exploring Down Syndrome of Brevard, Inc.
2. The principal office address: 425 Brevard Avenue, Cocoa, FL 32922

3. The mailing address (if different): same as above

4. Date of incorporation/qualification: 10/31/2006 Document number: N0600001

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Theresa Mitchell

1012 Barton Boulevard

Rockledge, FL 32955

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

Pat Wright

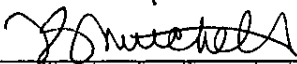
678 North Hedgecock Square

(P.O. Box NOT acceptable)

Satellite Beach, FL 32937

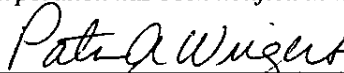
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Theresa Mitchell 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)

01/15/2007
(Date)

If signing on behalf of an entity:

(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)

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