

NO6 0000 12518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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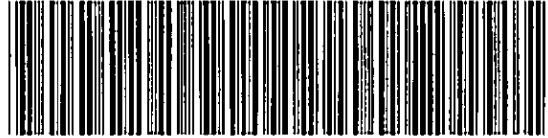
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RALPH

JAN 10 2020

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Autism Center of Excellence, Inc.
Name of Corporation

DOCUMENT NUMBER: N06000012518

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:

Ron Sklaver

Name of Contact Person

Florida Autism Center of Excellence, Inc.

Firm/Company

6310 E Sligh Ave, Unit B

Address

Tampa, FL 33617

City/State and Zip Code

boardchair@faceprogram.org

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

For further information concerning this matter, please call:

Lisa Guthrie

Name of Contact Person

at (813) 985-3223 ext 103
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 Autism Center of Excellence, Inc.
2. The principal office address: 6310 E Sligh Ave, Unit B, Tampa, FL 33617

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/07/2006 Document number: N06000012518

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)

Bowling, Maureen

6310 E Sligh Ave

Tampa, FL 33617

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

Barron, Caryl-Marie

6310 E Sligh Ave

P.O. Box NOT acceptable

Tampa, FL 33617

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

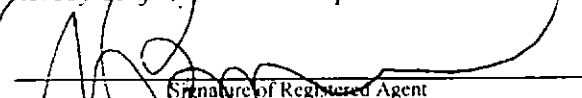
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Ron Sklaver, Board Chairman

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

11-20-19
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