

NO6240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

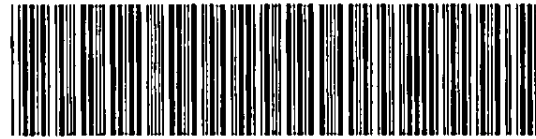
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800302284668

08/11/17--01020--022 **35.00

FILED

2017 AUG 11 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FL 32310

RO/RA

AUG 15 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Teen Challenge of Florida, Inc
Name of Corporation

DOCUMENT NUMBER: NOT 420 NCL 0240

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:

Scott Nelson
Name of Contact Person

Firm/Company

228 Markham Woods Rd.
Address

Longwood, FL 32779-2843
City/State and Zip Code

scott1nelson@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Mote at (704) 596-8731
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: Teen Challenge of Florida Inc.
2. The principal office address: 15 W. 10th Street Columbus,
GA 31901
3. The mailing address (if different): 15 W. 10th St. Columbus,
GA 31901
4. Date of incorporation/qualification: _____ Document number: N06240
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)

Ken Enlow (resigned)
13402 Lake Turnberry Circle
Orlando, FL 32828 U.S.

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

Scott Nelson
228 Markham Woods Rd.
P.O. Box NOT acceptable
Longwood, FL 32779-2843 U.S.

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.

Brian Maddock
Signature of an officer or director

Brian Maddock, COO
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]
Signature of Registered Agent

8/17/17
Date

If signing on behalf of an entity:

Scott Nelson
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 (03/12)

FILED
2017 AUG 11 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA