

N06240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

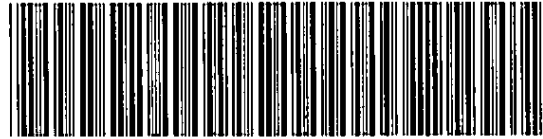
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

11 2021
J. Kinsey

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Teen Challenge of Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: N06240

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

250 Crown Oaks Way

Address

Longwood, FL 32779

City/State and Zip Code

scottnelson@hotmail.com

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

For further information concerning this matter, please call:

Scott Nelson

Name of Contact Person

at (407) 496-7981

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS ADDRESS CHANGE ONLY

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): Same
4. Date of incorporation/qualification: 11/19/1984 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)

Scott Nelson

228 Markham Woods Rd.

Longwood, FL 32779

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

Scott Nelson (Note: Address Change Only)

250 Crown Oaks Way

P.O. Box NOT acceptable

Longwood, FL 32779

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

Scott Nelson, Secretary and Director

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

07/21/21

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
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