

Division of Corporations

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NO 7000000044

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.
Account Number : 076077002775
Phone : (407)246-8678
Fax Number : (407)423-7014

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
DEVELOPMENTAL DISABILITIES NURSES ASSOCIATION, INC.**

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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: DEVELOPMENTAL DISABILITIES NURSES ASSOCIATION, INC.
2. The principal office address: 620 East Livingston Street
Orlando, Florida 32803
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/02/2007 Document number: N07000000044

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)

Mary A. Willis

620 East Livingston Street

Orlando, Florida 32803

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

WHWW, Inc.

390 N. Orange Avenue, Suite 1500

P.O. Box NOT acceptable

Orlando, Florida 32801

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.

Kathleen A. Brown, RN, CDDN 12-13-14

Signature of an officer or director

Kathleen A. Brown, 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.

J P Carolan III

Signature of Registered Agent

12/23/2014

Date

If signing on behalf of an entity:

J. P. Carolan, III, President

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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