

7/22/2021

Division of Corporations

NO700007001
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

REGISTERED AGENT CHANGE
LYMPHANGIOMATOSIS & GORHAM'S DISEASE ALLIANCE, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

**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: LYMPHANGIOMATOSIS & GORHAM'S DISEASE ALLIANCE, INC.
2. The principal office address: 131 N WHEATON ROAD AKRON, OH 44313
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/16/07 Document number: N07000007001

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)

JOHN F KELLY

19919 VILLA LANTE PLACE

BOCA RATON, FL 33434-5632

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

Northwest Registered Agent LLC

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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.

MICHAEL E KELLY
Signature of an officer or director

MICHAEL E KELLY, EXECUTIVE

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.

Tom Glover
Signature of Registered Agent

07/22/2021

Date

If signing on behalf of an entity:

Tom Glover

Typed or Printed Name

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TALLAHASSEE, FLORIDA