

NO8 000000 7213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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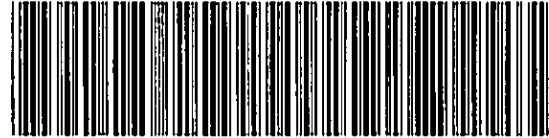
(Business Entity Name)

(Document Number)

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8/24/21

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Central Florida Pregnancy Center, Inc.
Name of Corporation

DOCUMENT NUMBER: NO8 00000 7213

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:

Cheryl L. Phenicie
Name of Contact Person

Central Florida Pregnancy Center, Inc.
Firm/Company

3151 Howland Blvd., Suite 100A
Address

De Hona, FL 32725
City/State and Zip Code

E-mail address: (to be used for future annual report notification) director@cfpregnancycenter.org

For further information concerning this matter, please call:

Cheryl L. Phenicie at (386) 574-5874
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
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**

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: Central Florida Pregnancy, Inc.
2. The principal office address: 3151 Howland Blvd, Suite 100-A, Deltona, FL 32725
3. The mailing address (if different): P.O. Box 5343, Deltona, FL 32728
4. Date of incorporation/qualification: 7/22/2008 Document number: 26-2959738
NO8000007213
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)

Cynthia H. Johanson
1125 Elgrove Dr.
Deltona, FL 32725 (retiring)

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

Cheryl L. Phenicie
3764 Colmar Street
P.O. Box NOT acceptable
Deltona, FL 32738

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.

Cynthia H. Johanson
Signature of an officer or director

Cynthia H. Johanson, Executive 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.

Cheryl L. Phenicie
Signature of Registered Agent

7-27-21
Date

If signing on behalf of an entity:

Central Florida Pregnancy Center
Typed or Printed Name

*** FILING FEE: \$35.00 ***