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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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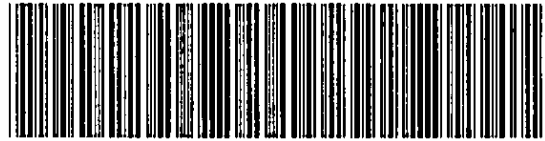
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Florida Association on Higher Education and Disability, Inc.  
Name of Corporation

DOCUMENT NUMBER: N10000003477

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:

Ashley Gorion

Name of Contact Person

University of Central Florida

Firm/Company

4000 Central Florida Blvd, Ferrell Commons 7F, Rm 185

Address

Orlando, Florida 32816-0161

City/State and Zip Code

ashley.gorion@ucf.edu

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

For further information concerning this matter, please call:

Ashley Gorion

Name of Contact Person

at (407) 823-2371

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

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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: The Florida Association on Higher Education and Disability, Inc.  
2. The principal office address: Student Accessibility Services, 4000 Central Florida Blvd, Ferrell Commons 7F, Rm 185  
Orlando, Florida 32816-0161  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/07/2010 Document number: N10000003477

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)

Gumbs, Nikkia (resigned)

1800 South Kirkman Road, Office for Students with Disabilities 4-7

Orlando, FL 32811

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

Ashley Gorion

4000 Central Florida Blvd, Ferrell Commons 7F, Rm 185

P.O. Box NOT acceptable

Orlando, Florida 32816-0161

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.

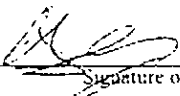


Signature of an officer or director

Ashley Gorion

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

9/24/2019

Date

If signing on behalf of an entity:

The Florida Association on Higher Education and Disability, Inc.

Typed or Printed Name

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

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