

NI 0000003984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

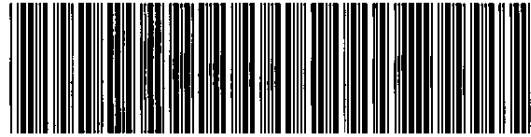
(Business Entity Name)

(Document Number)

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10 OCT -5 AM 9:13

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10-6-10  
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**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

September 21, 2010

**CHARITY JULYE**  
**ANNETT W. SNELL AMYLOIDOSIS FOUNDATION**  
**289 JONESBORO ROAD, SUITE 218**  
**MCDONOUGH, GA 30253**

**SUBJECT: COMMUNITY SUPPORT & WELLNESS CENTER, INC.**  
**Ref. Number: N10000003984**

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 010A00022357

RECEIVED  
10 OCT -5 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Community Support & Wellness Center, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N10000003984

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:

Charity Julye  
Name of Contact Person

Annett W. Snell Amyloidosis Foundation, Inc.  
Firm/Company

108 Bob Thomas Circle  
Address

Sanford, FL 32771  
City/State and Zip Code

amyloidsupport@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charity Julye at ( 877 ) 344-2873  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Community Support & Wellness Center, Inc.
2. The principal office address: 108 Bob Thomas Circle, Sanford, FL 32771
3. The mailing address (if different): 289 Jonesboro Rd, Suite 218, McDonough, GA 30253
4. Date of incorporation/qualification: 04/22/2010 Document number: N10000003984
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)

Carsandra Dixon

11711 N 50th St, 303B

Tampa, FL 33617

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

Joseph Wells

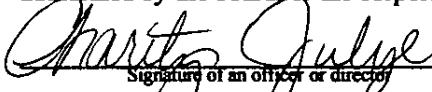
108 Bob Thomas Circle

P.O. Box NOT acceptable

Sanford, FL 32771

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

Charity Julye, CEO  
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

04/22/2010  
Date

If signing on behalf of an entity:

Joseph Wells  
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  
CR2E045 (8/05)