

N10000010524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

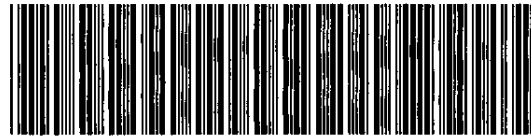
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
14 OCT -3 PM 1:34

C. Lewis  
10-13-14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JOEY POWERS LEUKEMIA PROJECT, INC  
Name of Corporation

**DOCUMENT NUMBER:** N10000010524

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:

MOLLY CLOTHIER- ATWOOD

Name of Contact Person

JOEY POWERS LEUKEMIA PROJECT, INC

Firm/Company

PO BOX 20998

Address

BRADENTON, FL 34240

City/State and Zip Code

THEJOEYPOWERSLEUKEMIAPROJECT@GMAIL.COM

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

For further information concerning this matter, please call:

MOLLY CLOTHIER-ATWOOD at 727 647-9325

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: Joey Powers Leukemia Project, Inc
2. The principal office address: 2103 17th Street E, Suite A  
Palmetto, Florida 34221
3. The mailing address (if different): PO BOX 20998  
BRADENTON, FL 34204
4. Date of incorporation/qualification: 11/08/2010 Document number: N10000010524
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)

MOLLY CLOTHIER- ATWOOD

4002 FOUNDERS CLUB DRIVE

SARASOTA, FL 34240

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

MOLLY CLOTHIER-ATWOOD

2103 17TH STREET E, SUITE A

P.O. Box NOT acceptable

PALMETTO, FL 34221

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.

Molly Clothier Atwood  
Signature of an officer or director

MOLLY CLOTHIER -ATWOOD, PRES

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.*

Molly Clothier Atwood  
Signature of Registered Agent

09/28/2014  
Date

If signing on behalf of an entity:

MOLLY CLOTHIER- ATWOOD

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 (03/12)