

N13662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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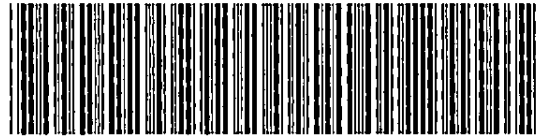
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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OCT 23 2018  
I ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Florida State Massage Therapy Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N13662

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:

Barbara Sprague  
Name of Contact Person

Florida State Massage Therapy Association  
Firm/Company

3820 Northdale Blvd., suite 205B  
Address

Tampa, FL 33624  
City/State and Zip Code

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

For further information concerning this matter, please call:

Joyce Prakashy at (813) 787-6399  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED  
19 OCT 15 PM 10:00  
SECRETARY  
TALLAHASSEE, FL

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2018

BARBARA SPRAGUE  
3820 NORTHDAL BLVD  
STE. 205B  
TAMPA, FL 33624

SUBJECT: FLORIDA STATE MASSAGE THERAPY ASSOCIATION, INC.  
Ref. Number: N13662

We have received your document for FLORIDA STATE MASSAGE THERAPY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

You failed to list the new registered agent name in part 6 of the form.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 718A00019336

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: Florida State Massage Therapy Association Inc  
2. The principal office address: old: 9178 Douglas Ave, Suite 104, Altamonte Springs, FL 32714 New: 3820 Northdale Blvd, Suite 205 B  
3. The mailing address (if different): Tampa, FL 33624

4. Date of incorporation/qualification: 3/3/1986 Document number: N13662

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)

\_\_\_\_\_  
Neely, Gregory  
\_\_\_\_\_  
978 Douglas Avenue  
\_\_\_\_\_  
Suite 104  
\_\_\_\_\_  
Altamonte Springs, FL 32714

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

\_\_\_\_\_  
Barbara Sprague  
\_\_\_\_\_  
3820 Northdale Blvd, Suite 205 B  
\_\_\_\_\_  
Tampa, FL 33624  
P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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.

\_\_\_\_\_  
Jill Pranascky  
Signature of an officer or director

\_\_\_\_\_  
Joyce Pranascky, Executive President  
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.

\_\_\_\_\_  
Barbara Sprague  
Signature of Registered Agent

\_\_\_\_\_  
9/11/18  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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