

N140000003132

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Recovery Epicenter Foundation Inc

Name of Corporation

**DOCUMENT NUMBER:** N14000003132

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:

Jason Riddell

Name of Contact Person

Recovery Epicenter Foundation

Firm/Company

1270 Rogers St.

Address

Clearwater FL 33756

City/State and Zip Code

jason@recoveryepicenter.org

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

For further information concerning this matter, please call:

Jason Riddell

Name of Contact Person

at ( 727 ) 421-9272

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

17 APR 24 PM 3:21  
DIVISION OF CORPORATIONS

**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: Recovery Epicenter Foundation, Inc.
2. The principal office address: 559 49th St. South St. Petersburg FL 33756
3. The mailing address (if different): 1270 Rogers St. Clearwater FL 33756

4. Date of incorporation/qualification: 03/31/2014 Document number: N1400003132

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)

United States Corporation Agents, Inc.

13302 Winding Oaks Blvd. Suite A

Tampa FL 33612

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

William Atkinson

1270 Rogers St.

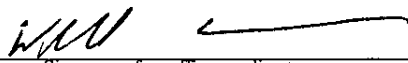
P.O. Box NOT acceptable

Clearwater FL 33756

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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

William Atkinson, Executive Director 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

4-13-2017

Date

If signing on behalf of an entity:

William Atkinson

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