

N1400006316

(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: Financial Therapy Association
Name of Corporation

DOCUMENT NUMBER: N14000006316

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:

Virginia B Phillips, Executive Director

Name of Contact Person

American Council on Consumer Interests

Firm/Company

2840 West Bay Dr #141

Address

Belleair Bluffs FL 33770

City/State and Zip Code

admin@consumerinterests.org

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

For further information concerning this matter, please call:

Virginia B Phillips, Ex Dir at (727) 940-2658 x 2002
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: Financial Therapy Association
2. The principal office address: 2840 West Bay Dr #141
Belleair Bluffs FL 33770
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/30/14 Document number: N14000006316
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)

Virginia B Phillips

1114 E Boyer St

Tarpon Springs FL 34689

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

Virginia B Phillips

2840 West Bay Dr #141

P.O. Box NOT acceptable

Belleair Bluffs FL 33770

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.

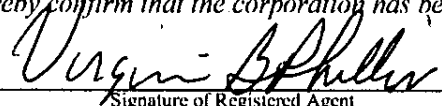


Signature of an officer or director

Megan Ford, President of the Board

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

November 20, 2016

Date

If signing on behalf of an entity: _____

Typed or Printed Name

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