

N14000007168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

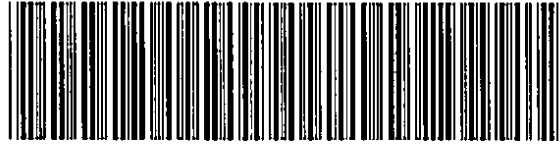
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19 JAN 14 PM 2:13
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JAN 14 2019

R/A-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2018

RAFAEL OLIVARES
CENTER FOR PROGRESS AND EXCELLENCE, INC.
6360 TECHSTER BLVD SUITE 1
FT MYERS, FL 33966

SUBJECT: THE CENTER FOR PROGRESS AND EXCELLENCE, INC.
Ref. Number: N14000007168

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):

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.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 818A00024497

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700 JAN 14 AM 10:05

SECRETARY
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Center for Progress and Excellence
Name of Corporation

DOCUMENT NUMBER: N14000007168

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:

Rafael Olivares

Name of Contact Person

The Center for Progress and Excellence

Firm/Company

6360 Techster Blvd, Suite 1

Address

Fort Myers, FL 33966

City/State and Zip Code

alexo@progressandexcellence.com ✓

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

For further information concerning this matter, please call:

Rafael Olivares at (239) 6776162
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: The Center for Progress and Excellence, INC.
2. The principal office address: 6360 Techster Blvd, Suite 1
Fort Myers, FL 33966
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/04/2016 ^{7/31/2014} Document number: N14000007168
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)

Resigned

Jason Moon

6360 Techster Blvd, Suite 1, Fort Myers, FL 33966

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

Rafael Olivares

6360 Techster Blvd, Suite 1

P.O. Box NOT acceptable

Fort Myers, FL 33966

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

Rafael Olivares Executive Director
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

01/08/19
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

FILED
19 JAN 14 PM 2:48
TALLAHASSEE, FLORIDA