

N1600009870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

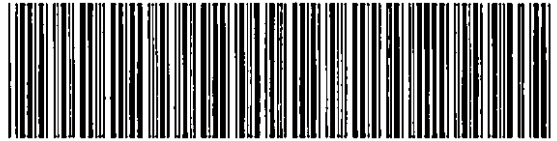
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18 AUG 30 PM 4:03

SECOND DEPT. OF STATE  
TALLAHASSEE, FLORIDA

AUG 31 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 2, 2018

KIMBERLY ANN PIPER  
THE FLORIDA CHAPTER OF ASET  
10669 GRAND RIVIERE DRIVE  
TAMPA, FL 33647

SUBJECT: FLORIDA CHAPTER OF ASET - THE NEURODIAGNOSTIC  
SOCIETY, INC  
Ref. Number: N16000009870

We have received your document for FLORIDA CHAPTER OF ASET - THE  
NEURODIAGNOSTIC SOCIETY, INC and your check(s) totaling \$55.00.  
However, the enclosed document has not been filed and is being returned for the  
following correction(s):

We can find no record of the entity named in your document. A computer printout  
of a similar named entity is enclosed for your review. If this is the right name,  
please correct your document and return it for filing.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 918A00013692

RECEIVED  
19 AUG 30 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 \_\_\_\_\_ in order to change its registered office or registered agent or both in the State of Florida

1. The name of the corporation: The Florida Chapter of Ager - The Neurodegenerative Society, Inc
2. The principal office address: 518 E. Trinity Lane  
Nashville TN 37207
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/12/2004 Document number NIL 000009870
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  
\_\_\_\_\_  
DICARLO, GINA M  
\_\_\_\_\_  
518 E. Trinity Ln  
\_\_\_\_\_  
Nashville, FL 37207

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

Kimberly Ann Piper  
10669 Grand Riviera Dr  
Tampa fl 33647  
P.O. Box NOT acceptable

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SECTION 607.0502  
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.

[Signature]  
\_\_\_\_\_  
Signature of an officer, director

Jessica Szczesny  
\_\_\_\_\_  
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]  
\_\_\_\_\_  
Signature of Registered Agent

Kimberly 8 8 18  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Kimberly Ann Piper  
\_\_\_\_\_  
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