

5/12/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECURITY
TALLAHASSEE, FL

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
CAM AUTISM CENTER OF EXCELLENCE INC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

R. WHITE
MAY 10 2021

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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: CAM AUTISM CENTER OF EXCELLENCE INC
2. The principal office address: 10864 NEWBRIDGE DRIVE
Riverview, FL 33579
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/10/2017 Document number: N17000002611
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)
LEGALINC CORPORATE SERVICES, INC.
5237 SUMMERLIN COMMONS SUITE 400
FORT MYERS, FL 33907
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Registered Agents Inc.
7901 4th St N STE 300
St. Petersburg, FL 33702
P.O. Box NOT acceptable

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.

MARY KIMARI

Signature of an officer or director

MARY KIMARI, 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.

Bill Hume

Signature of Registered Agent

05/12/2021

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE