

N190000 11651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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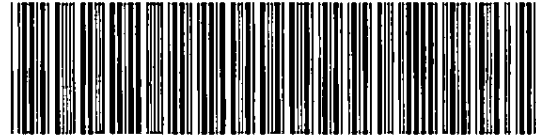
(Business Entity Name)

(Document Number)

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V. GULKEP  
JAN 14 2022

X



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 JAN -6 AM 8:02

SECRETARY OF STATE  
TALLAHASSEE, FL

December 27, 2021

BRENDA CLARK  
2529 SW 23RD PLACE  
CAPE CORAL, FL 33914

SUBJECT: PARENTS FOR INFORMED CHOICE OF SWFL INC.  
Ref. Number: N19000011651

We have received your document for PARENTS FOR INFORMED CHOICE OF SWFL INC. and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$10.00. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

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.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 121A00031136

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Parents For Informed Choice of SWFL inc.  
Name of Corporation

DOCUMENT NUMBER: 119000011651

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:

Brenda Clark  
Name of Contact Person

Parents For Informed Choice of SWFL  
Firm/Company

2529 SW 23rd Place  
Address

Pape Coral FL 33914  
City/State and Zip Code

PICSWFL@Protonmail.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Clark at (239) 223-9096  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Parent's For Informed Choice of SWFL
2. The principal office address: 2529 SW 23<sup>rd</sup> Place Cape Coral FL  
33914
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/4/2019 Document number: N19000011651
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)  
5575 S. Semoran Blvd Suite 36  
Orlando FL 32822
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Brenda Clark  
2529 SW 23<sup>rd</sup> Place  
P.O. Box NOT acceptable  
Cape Coral FL 33914

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.

Brenda Clark  
Signature of an officer or director

Brenda Clark  
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.*

Brenda Clark  
Signature of Registered Agent

1/3/22  
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  
CR2E045 (04/13)