

N22299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

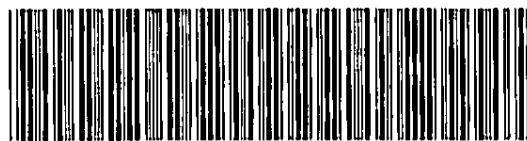
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF ARIZONA
DEPARTMENT OF REVENUE

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JAN 23 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The ALS Association Florida Chapter, Inc.
Name of Corporation

DOCUMENT NUMBER: N22299

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:

Gabby Harrison

Name of Contact Person

The ALS Association Florida Chapter, Inc.

Firm/Company

3242 Parkside Center Circle

Address

Tampa, FL 33619

City/State and Zip Code

gharrison@alsafl.org

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

For further information concerning this matter, please call:

Gabby Harrison

Name of Contact Person

at (813) 637-9000

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 ALS Association Florida Chapter, Inc.
2. The principal office address: 3242 PARKSIDE CENTER CIRCLE, TAMPA, FL 33619
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/31/1987 Document number: N22299
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-Kimberley Hanna

3242 PARKSIDE CENTER CIRCLE, TAMPA, FL 33619

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

Philip Flynn, III

3242 PARKSIDE CENTER CIRCLE, TAMPA, FL 33619

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.

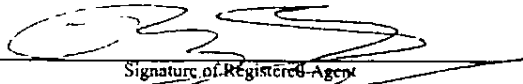
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Dr. Sandra L. Torres, Chairman

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

1/11/2018
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 (03/12)

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2018 JAN 19 AM 9:27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE