

N23000010743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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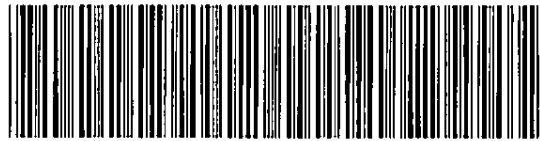
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Advocates for Impact Corporation  
Name of Corporation

**DOCUMENT NUMBER:** N23000010743

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:

Lesia L. Crumpton-Young

Name of Contact Person

Advocates for Impact Corporation

Firm/Company

12001 Research Parkway Suite 236

Address

Orlando, FL 32826

City/State and Zip Code

drcrumptonyoung@gmail.com

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

For further information concerning this matter, please call:

Lesia L. Crumpton-Young

Name of Contact Person

at (321) 278-7485

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: Advocates for Impact Corporation
2. The principal office address: 1969 S. Alafaya Trail, Orlando, FL 32828
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/07/2023 Document number: N23000010743
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)

Lesia L. Crumpton-Young

2355 Brixham Avenue

Orlando, FL 32828

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

12001 Research Parkway

Suite 236

P.O. Box NOT acceptable

Orlando, FL 32826

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.

Lesia L. Crumpton-Young  
Signature of an officer or director

Lesia L. Crumpton-Young

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.*

Lesia L. Crumpton-Young  
Signature of Registered Agent

11/20/23

Date

If signing on behalf of an entity:

Lesia L. Crumpton-Young

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

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