N31659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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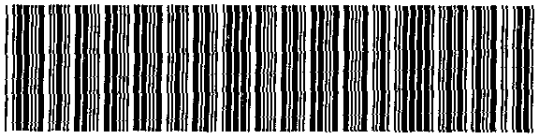

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Center for the Blind, Inc.
(Name of corporation)

DOCUMENT NUMBER: N31659

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:

Nancy Stokes, Acting Executive Director
(Name of person)

Florida Center for the Blind, Inc.
(Name of firm/company)

P.O. Box 772937
(Address)

Ocala, Florida 34477-2937
(City/state and zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Nancy Stokes, Acting Executive Director at (352) 873-4700
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(09/03)

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 26, 2003

NANCY STOKES
FLORIDA CENETER FOR THE BLIND
P.O. BOX 772937
OCALA, FL 34477-2937

SUBJECT: FLORIDA CENTER FOR THE BLIND, INC.
Ref. Number: N31659

We have received your document for FLORIDA CENTER FOR THE BLIND, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 303A00064073

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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 Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Florida Center for the Blind, Inc.

2. The principal office address: 7325 S.W. 32nd Street, Ocala, Florida 34477-2937

3. The mailing address (if different): Florida Center for the Blind, Inc.
P.O. Box 772937, Ocala, Florida 34477-2937

4. Date of incorporation/qualification: April 11, 1989 Document number: N31659

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

~~Marilyn L. Womble~~ N. J. D'ORIA
~~7651 S.W. Highway 200~~ 617 S.E. 43RD AVE.
~~Ocala, Florida 34476-3869~~ OCALA, FL. 34471

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TALLAHASSEE, FLORIDA

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

Malcolm Melester
7325 S.W. 32nd Street
(P.O. Box or personal mailbox NOT acceptable)
Ocala, Florida 34477-2937

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.

Malcolm Melester
(Signature of an officer or director)

Malcolm Melester, President
(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.

Malcolm Melester
(Signature of Registered Agent)

11-18-03
(Date)

If signing on behalf of an entity:

Malcolm Melester
(Typed or Printed Name)

President
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314