## N36147

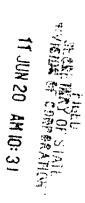
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R-A. Chang

**C.COULLIETTE** 

JUN 21 2011

EXAMINIR

## **COVER LETTER**

**Division of Corporations** SUBJECT: COALITION FOR INDEPENDENT LIVING OPTIONS LIC. Name of Corporation N36147 DOCUMENT NUMBER:\_ 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: Joseph R. Fields, Jr., Esq. Name of Contact Person LaBovick Law Group Firm/Company 5220 Hood Road, Suite 200 Address Palm Beach Gardens, FL 33418 City/State and Zip Code JFields@LaBovick.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph R. Fields, Jr., Esq. 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section





June 10, 2011

Genevieve Cousminer, Executive Director Coalition for Independent Living Options, Inc. 6800 Forest Hill Blvd. West Palm Beach, FL 33413

Dear Genevieve.

I am pleased to advise you that my practice has merged into this firm and we now offer a full variety of legal services. Please visit the firm's website for more information on the extent of legal services we now provide. My office on Flagler is now closed and will eventually be rented. Your company has listed me as the registered agent for service of lawsuits. The statute on registered agents requires that the agent's office be kept open during normal business days during certain hours. In that the office is now closed, there could be a problem with serving me if your company gets sued. Therefore, I have taken the liberty of preparing the appropriate notices which must be sent to Tallahassee to be processed. There is a fee for submitting these forms. In that I have agreed to be your registered agent without compensation, it will be your company's obligation to pay this fee. Obviously, if you would like someone else to be the registered agent, the form can be changed accordingly.

In the event you wish me to continue being the registered agent, please send me a copy of the paperwork and payment when you transmitted to Tallahassee.

Sincerely,

Joseph R. Fields, Jr.

JRF/swr Encls.

وسنعترون والمعارسي ودياسي والأداران الأداران

## 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 S statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of F	Florida
1. The name of the corporation: Coalition for Independent Living Options, 2. The principal office address: 6800 Forest Hill Blvd., West Palm Beach, FL 33	
2. The principal office address.	
3. The mailing address (if different): Same	
4. Date of incorporation/qualification: 01/12/1990 Document number:	N36147
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)	th the
Joseph R. Fields,Jr., Esq.	_
4512 North Flagler Drive, Suite 306	_
West Palm Beach, FL 33407	- -
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):	T JUN 20
Joseph R. Fields, Jr., Esq.	
5220 Hood Road, Suite 200	AH ID:
P.O. Box NOT acceptable Palm Beach Gardens, FL 33418	<b>3</b>
The street address of its registered office and the street address of the business office of it as changed will be identical.  Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.	
Signature of an officer or director Printed or typed name and to	tle
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 com of my duties, and I am familiar with and accept the obligation of my position as registere document is being filed merely to reflect a change in the registered office address, I hereb corporation has been notified in writing of this change.	aplete performance d agent. Or, if this by confirm that the
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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