

N 36147

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R.A. Chaz
C.COULLETTE

JUN 21 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COALITION FOR INDEPENDENT LIVING OPTIONS, INC.
Name of Corporation

DOCUMENT NUMBER: N36147

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

at (561) 625-8400
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



LABOVICK

L A W G R O U P

5220 Hood Road | Suite 200
Palm Beach Gardens, FL 33418

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.

**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: Coalition for Independent Living Options, Inc.
2. The principal office address: 6800 Forest Hill Blvd., West Palm Beach, FL 33413 US

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 the Florida Department of State: (If resigned, enter resigned)

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 office (if changed):

Joseph R. Fields, Jr., Esq.

5220 Hood Road, Suite 200

P.O. Box NOT acceptable

Palm Beach Gardens, FL 33418

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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

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

6/11/11

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 (8/05)