

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Disability Rights Florida Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: N93000000641

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:

Cherie E. Hall

Name of Contact Person

Disability Rights Florida, Inc.

Firm/Company

2473 Care Drive, Suite 200

Address

Tallahassee, FL 32308

City/State and Zip Code

cherieh@disabilityrightsflorida.org

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

For further information concerning this matter, please call:

Cherie Hall

Name of Contact Person

at (850) 488-9071

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: Disability Rights Florida, Inc.
2. The principal office address: 2473 Care Drive, Suite 200, Tallahassee, FL 32308

3. The mailing address (if different): same as above

4. Date of incorporation/qualification: 02/16/1993 Document number: N93000000641

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)

Maryellen McDonald- RESIGNED

Disability Rights Florida

2473 Care Drive, Suite 200, Tallahassee, FL 32308

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

Cherie E. Hall

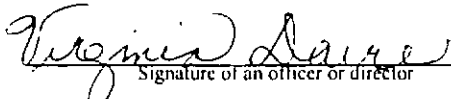
Disability Rights Florida, Inc.

P.O. Box NOT acceptable

2473 Care Drive, Suite 200, Tallahassee, FL 32308

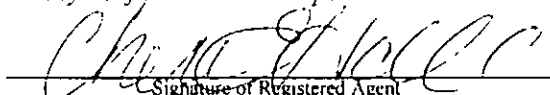
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Virginia Daire, Secretary
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

July 2, 2018
Date

If signing on behalf of an entity:

Cherie E. Hall

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)

2018 JUL 11 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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