

N1950000001103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

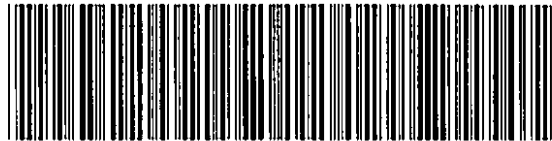
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800315139328

06/28/18--01010--006 **35.00

FILED
2018 AUG -1 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R O / ch 8

AUG 01 2018
I ALBRITTON

COVER LETTER

7/29/18

TO: Amendment Section
Division of Corporations

SUBJECT: Florida's Voice on Developmental Disabilities
Name of Corporation

DOCUMENT NUMBER: N 95 00000 1103

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:

Arlene LaKin, ESQ.
Name of Contact Person

MacLean + Ema, P.A.
Firm/Company

2600 NE 14th St. Causeway
Address

Panama Beach FLA. 33062
City/State and Zip Code

~~ARLENE~~ FVDBorg@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arlene LaKin at 954, 975-5159
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2018

ARLENE LAKIN, ESQ.
FLORIDA'S VOICE
P.O. BX 24531
FT. LAUDERDALE, FL 33307

SUBJECT: FLORIDA'S VOICE ON DEVELOPMENTAL DISABILITIES, INC.
Ref. Number: N95000001103

We have received your document for FLORIDA'S VOICE ON DEVELOPMENTAL DISABILITIES, 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):

You failed to make the correction(s) requested in our previous letter.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 418A00014872

RECEIVED
18 AUG 2018
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2018

ARLENE LAKIN, ESQ.
FLORIDA'S VOICE
P.O. BOX 24531
FT. LAUDERDALE, FL 33307

SUBJECT: FLORIDA'S VOICE ON DEVELOPMENTAL DISABILITIES, INC.
Ref. Number: N95000001103

We have received your document for FLORIDA'S VOICE ON DEVELOPMENTAL DISABILITIES, 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):

Florida law requires the street address of the principal office and, if different, the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 218A00013870

RECEIVED
18 JUL 19 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FL

7/17/18
Corrected!
See attached
Arlene Lakin

www.sunbiz.org

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's Voice on Intellectual Disability
2. The principal office address: 5591 NE 2nd Ave.
FT. Lauderdale FLA 33308
3. The mailing address (if different): PO Box 24531
FT. Lauderdale FLA. 33307
4. Date of incorporation/qualification: 3/9/1995 Document number: N9500001103
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)

Arlene Lakin, Esq.
7284 W. ATLANTIC BLVD.
IN MARGATE, FLA. 33063

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

Arlene Lakin, Esq.
2600 NE 14th ST. Causeway
Pompano Beach, Fla. 33062

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.

Arlene Lakin, President Arlene LAKIN, President
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.

Arlene Lakin
Signature of Registered Agent

7/29/15
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 (03/12)