

N950004B0

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

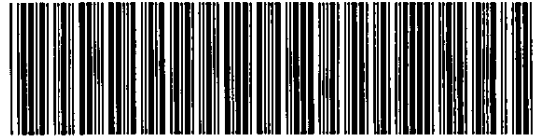
(Business Entity Name)

(Document Number)

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R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Turning Point of Central FL  
Name of Corporation

**DOCUMENT NUMBER:** N95000004326

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:

Kathie Maloney  
Name of Contact Person

Turning Point of Central FL, Inc.  
Firm/Company

2256 Winter Woods Blvd.  
Address

Winter Park, FL 32792  
City/State and Zip Code

K.maloney@turningpointcfi.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathie Maloney at (407) 740-5655  
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



RECEIVED NOV - 8 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2016

KATHIE MALONEY  
2256 WINTERWOODS BLVD.  
WINTER PARK, FL 32792

SUBJECT: TURNING POINT OF CENTRAL FLORIDA, INC.  
Ref. Number: N95000004326

We have received your document for TURNING POINT OF CENTRAL FLORIDA, 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):

An officer/director must sign authorizing the change of registered agent.

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 516A00023410

*See attached.*

**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: Turning Point of Central FL, Inc.

2. The principal office address: 2256 Winter Woods Blvd., Winter Park, FL 32792

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/12/1995 Document number: N95000004326

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)

Gerard P. Kinzler (resigned)

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

Nicola Norton

2256 Winter Woods Blvd.

P.O. Box NOT acceptable

Winter Park, FL 32792

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

Lonny Mead, 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.

  
Signature of Registered Agent

10/18/2016  
Date

If signing on behalf of an entity:

Nicola Norton  
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

SECRET  
TALLAHASSEE, FLORIDA  
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