

(Pe	equestor's Name)			
(I/C	questor s Name)			
(A.	Idea a a V			
(Ad	idress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Supplied leading at least to the state of th	Filian Officer			
Special Instructions to Filing Officer:				





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10/21/16--01008--002 \*\*35.00

NOV -9: PH: 4:269

Machen

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Turning Point of Central FL Name of Corporation				
DOCUMENT NUMBER: N9500004326				
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  The District Person				
Turning Point of Central FL, Inc.				
2256 Winter Woods Blvd. Address				
Winter Park, Fl 32792 City/State and Zip Code				
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				
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 statement of chi	provisions of sections 607.0502, 617.050 ange is submitted for a cotporation organ	2, 607.1508, or 617.1508, Florida Statute tized under the laws of the State of Florida	s, this	
in orde	er to change its registered office or registe	ered agent, or both, in the State of Florida	Z,	
1. The riame of	the corporation: Turning Point of C	entral FL, Inc.		
2. The principal	office address; 2256 Winter Wood	s Blvd., Winter Park, FL 32792	<u> </u>	
·	<del></del>		.,	
3. The mailing a	address (if different):	<u> </u>		
4. Date of incor	poration/qualification; 09/12/1995	Document number: N95000004	1326	
	d street address of the current registered a turnent of State: (If resigned, enter resigne	gent and registered office on file with the d)		
	Gerard P. Kinzler (resigned)	·		
6. The name and (if changed):	i street address of the new registered agen	at (if changed) and /or registered office	SECT	16 NOV
	Nicola Norton		773***! 744 T 741 \$.	. 1
	2256 Winter Woods Blvd.		A	3
	P.O. Box NOT	exceptable	# *s	-5.
	Winter Park, FL 32792	:		55
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its regist	tered agent,	,
Such change was authorized by the	as authorized by resolution duly adopted be board, or the corporation has been not	by its board of directors or by an officer ified in writing of the change.	80	
Sugariti	) OL ( )	Lonny Mead, President		
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	the appointment as registered agent and to comply with the provisions of all statumy dulies, and I am familiar with and act is document is being filed merely to reflect that the corporation has been notified in	l agree to act in this capacity test relative to the proper and complete except the obligation of my position as resist a change in the registered office address writing of this change.	ristered ess, I	
	nature of Registeroci Agent	10/18/2016		
	half of an entity:	/ /		
MECOL	Prod 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)