## 19500004326

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(013,70.00.01.2.1,2.7.1.0.7.0.1.7)
PICK-UP WAIT MAIL
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(Document Number)
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2010 SEP 24 P 1 95

SEP 2 5 2011

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** Turning Point of Central FL, Inc. Name of Corporation 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. 2256 Winter Woods Blvd. Winter Park, FL 32792 City/State and Zip Code kmaloney@turningpointcfl.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kathie Maloney Name of Contact Person 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

statement of che	provisions of sections 607.050 ange is submitted for a corpora er to change its registered offic	tion organized under the laws (	of the State	of Florida	-
1. The name of	the corporation: Turning Po	oint of Central FL, Inc.			
2. The principal	l office address: 2256 Winte ark, FL 32792	er Woods Blvd.			
3. The mailing	address (if different):				
4. Date of incor	poration/qualification:	Document num	nber:		
	d street address of the current re artment of State: (If resigned, en		iffice on file	with the	
	Gerard Kinzler			<del></del>	
	2256 Winter Woods E	Blvd.			
	Winter Park, FL 3279	2		<del></del>	
6. The name an (if changed):	d street address of the new regi	stered agent (if changed) and /o	or registered	office	
	Alfredo Valentin			<del></del>	
	2256 Winter Woods E			<u></u>	
	ہ Winter Park, FL 3279	O. Box NOT acceptable			
The street addr	ess of its registered office and be identical.	the street address of the busine	ess office o	f its registered age	nt,
Such change wauthorized by t	as authorized by resolution du he board, or the corporation ha	ly adopted by its board of dire is been notified in writing of th	ctors or by he change.	an officer so	
	ure of an officer or director	Lonny Mead	typėd name an		_
I hereby accept I further agree performance of agent. Or, if the	the appointment as registered to comply with the provisions f my duties, and I am familiar this document is being filed men that the corporation has been	l agent and agree to act in this of all statutes relative to the p with and accept the obligation ely to reflect a change in the r notified in writing of this cha	s capacity. roper and c of my poste registered o	complete all the comple	——————————————————————————————————————
Sign	motore of Registered Agent	09/20/18	Dato		- [[]
/	ehalf of an entity:				لاستا
	Typed or Printed Name	<del></del>			

\* \* \* FILING FEE: \$35.00 \* \* \*