

N96000001452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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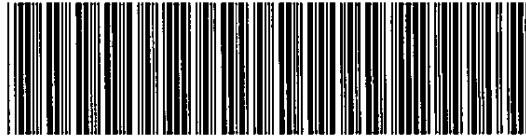
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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C.L.
4-2-15

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: International Association Of Trauma & Addiction Counselors, Inc.
2. The principal office address: 555 SW 148th Ave - Bldg 4 Sunrise, FL 33325
3. The mailing address (if different): P.O. Box 551242
4. Date of incorporation/qualification: 03/12/1996 Document number: N96000001452
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)

CR2E045 (03/12)

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