

Division of Corporations

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**N98000002576**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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Division of Corporations  
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**\*RE-SUBMIT\***

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Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
BEHAVIOR ANALYST CERTIFICATION BOARD, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04/5
Estimated Charge	\$35.00

SECRETARY OF STATE  
FALL RIVER, MA 01923-0001

14 JAN 21 AM 9:28

APPROVED  
AND  
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**C. LEWIS**

JAN 23 2014

**EXAMINER**

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January 22, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BEHAVIOR ANALYST CERTIFICATION BOARD, INC.

1929 BUFORD BLVD

TALLAHASSEE, FL 32308

SUBJECT: BEHAVIOR ANALYST CERTIFICATION BOARD, INC.

REF: N98000002576

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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Carolyn Lewis  
Regulatory Specialist II

FAX Aud. #: E14000015868  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

### COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BEHAVIOR ANALYST CERTIFICATION BOARD, INC

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** N98000002576

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:

Lori Stuhlman

\_\_\_\_\_  
Name of Contact Person

NRAI Corporate Services, Inc.

\_\_\_\_\_  
Firm/Company

520 Pike Street, Suite 985

\_\_\_\_\_  
Address

Seattle, WA 98101

\_\_\_\_\_  
City/State and Zip Code

Carr@bacb.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Stuhlman

\_\_\_\_\_  
Name of Contact Person

800

672-4508

at ( )

\_\_\_\_\_  
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

CR2E045 (03/12)

**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 Colorado in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BEHAVIOR ANALYST CERTIFICATION BOARD, INC
2. The principal office address: 8051 Shaffer Parkway Littleton, CO 80127, United States
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/05/1998 Document number: N98000002576

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)

EHRlich, IRA

1929 BUFORD BLVD

TALLAHASSEE, FL 32308

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

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

James E. Carr, BCBA-D, CEO and Co-Secretary

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.*

By: NRAI Services, Inc.  
  
Signature of Registered Agent

1-21-14  
Date

If signing on behalf of an entity:

Lori Stuhlman, Assistant Secretary

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

CR2E043 (03/12)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304