

N99000003838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

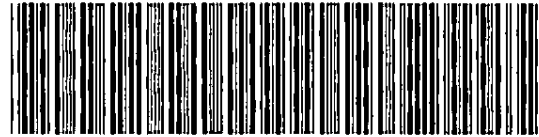
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500306498545

12/18/17--01005--011 **25.00

2017 DEC 18 AM 10:10

DEC 20 2017
C. MCNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Bunnies - A Special Needs Organization, Inc.
Name of Corporation

DOCUMENT NUMBER: 99000003838

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:

MICHELLE LEONARD
Name of Contact Person

Firm/Company

8433 ROYAL PALM BLVD
Address

COVINGTON SPRINGS, FL 33065
City/State and Zip Code

mleonardo@specialolympicsbroward.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AS ABOVE at (954) 937-0967
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

**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: THE BULLDOGS - A SPECIAL NEEDS CORPORATION
2. The principal office address: 8433 ROYAL PALM BLVD
CORAL SPRINGS, FL 33065
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: 199000003838

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)

ROBERT H. COHEN
9600 W. SAMPLE RD STE 201
CORAL SPRINGS, FL 33065

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

MICHELLE LEONARDO
8433 ROYAL PALM BLVD
P.O. Box NOT acceptable
CORAL SPRINGS, FL 33065

FILED DEC 18 AM 10:10
CLERK OF COURT
STATE OF FLORIDA

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.

Michelle Leonardo
Signature of an officer or director

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.

Michelle Leonardo
Signature of Registered Agent

12/1/17
Date

If signing on behalf of an entity:

Typed or Printed Name

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