

PO1 000104393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

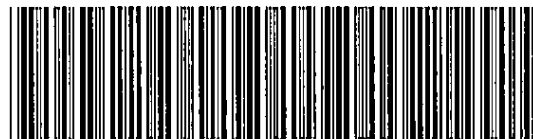
(Business Entity Name)

(Document Number)

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09/27/13--01002--003 **35.00

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OCT 12 2013

2013 SEP 27 PM 1:00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Donahue Counseling Center, Inc.

Name of Corporation

DOCUMENT NUMBER: P0100104393

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:

Noreen Donahue, LCSW

Name of Contact Person

Donahue Counseling Center, Inc,

Firm/Company

2701 NW Boca Raton Blvd. Suite 211

Address

Boca Raton, FL 33431

City/State and Zip Code

ndonahue@me.com

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

For further information concerning this matter, please call:

Noreen Donahue

Name of Contact Person

at (561) 706-0978

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: Donahue Counseling Center, Inc.
2. The principal office address: 2701 NW Boca Raton Blvd. Suite 211
Boca Raton, FL 33431
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/29/2001 Document number: P0100104393

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)

Noreen Donahue, LCSW

33 SE 7th Street Suite H

Boca Raton, FL 33432

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

Noreen Donahue, LCSW

2701 NW Boca Raton Blvd Suite 211

P.O. Box NOT acceptable

Boca Raton, FL 33431

2019 SEP 27 PM 1:00

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.

Noreen Donahue, LCSW
Signature of an officer or director

Noreen Donahue, LCSW
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.

Noreen Donahue, LCSW
Signature of Registered Agent

9/23/2019

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE