

PD2000091146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

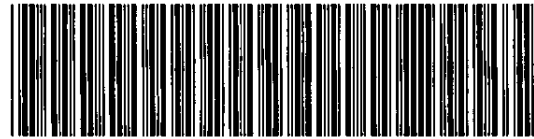
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DIVISION OF CORPORATIONS  
STATE OF MISSISSIPPI

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:**

Turning Pointe of Melbourne Inc.  
Name of Corporation

**DOCUMENT NUMBER:**

P02000091146

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:

Linda M. Koepfel

Name of Contact Person

Turning Pointe of Melbourne, Inc  
Firm/Company

Address

City/State and Zip Code

turningpointeofmelbourne@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda M. Koepfel at (321) 536-4317  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Turning Pointe of Melbourne, Inc.  
2. The principal office address: 2825 Business Center Blvd #2  
Melbourne, FL 32940  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2/2/16 Document number: P02000091146

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)

*old* Linda M Koepfel  
2210 Canopy Dr.  
Melbourne, FL 32935

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

*new* Linda M Koepfel  
4778 White Heron Dr.  
P.O. Box NOT acceptable  
Melbourne, FL 32934

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DEPT OF STATE  
DIVISION OF CORPORATIONS

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.

Linda M. Koepfel Linda M. Koepfel  
Signature of an officer or director 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.

Linda M Koepfel 11-1-16  
Signature of Registered Agent Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

CR2E045 (03/12)