

PO2995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

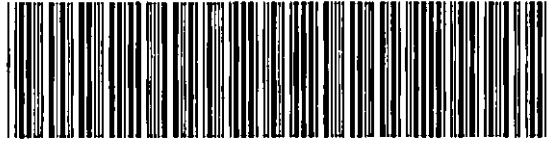
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/24/21--01025--011 \*\*35.00

**FILED**  
2021 JUN 24 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FL



CSC - WILMINGTON  
251 Little Falls Drive  
Wilmington De 19808  
  
800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: June 22, 2021

Order#: 865967-006

Re: AMERICAN MASSAGE THERAPY ASSOCIATION

Enclosed please find:

- Change of Registered Agent and Office.
- Check in the amount of \$35.

Please take the following action:

- File in your office on a routine basis.
- Issue Proof of Filing.
- Please return evidence to the following:

Attn: Erika Zavala Daza  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

- Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

1. The name of the corporation: AMERICAN MASSAGE THERAPY ASSOCIATION, INCORPORATED  
2. The principal office address: 500 Davis Street Suite 900, Evanston, IL 60201

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/10/1984 Document number: P02995

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)

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

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

Corporation Service Company  
1201 Hays Street  
Tallahassee FL 32301

P.O. Box NOT acceptable

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TALLAHASSEE, FL

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.

Jill E. Cilmi  
Signature of an officer or director

Jill Cilmi, Vice 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.*

Corporation Service Company  
By: Grace E. Kirby  
Signature of Registered Agent

06/22/2021  
Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President  
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 (04/13)