

PD4000090957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

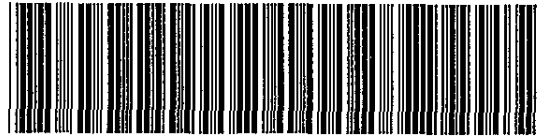
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Positive Parent Coaching, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** ~~6000000000~~ P04000090957

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:

Brett Blumenkrantz  
(Name of contact person)

\_\_\_\_\_  
(Firm/Company)

3052 Ashland Terrace  
(Address)

Clearwater, FL 33761  
(City/state and zip code)

For further information concerning this matter, please call:

Alexandra Blumenkrantz at (727) 787-8888  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 15, 2005

ALEXANDER BLUMENCRANZ  
POSITIVE PARENT COACHING, INC.  
3052 ASHLAND TERRACE  
CLEARWATER, FL 33761

SUBJECT: POSITIVE PARENT COACHING, INC.  
Ref. Number: P04000090957

We have received your document for POSITIVE PARENT COACHING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 205A00052001

RECEIVED  
2 AM 8:00  
F CORPORATION

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314