

PO BOX 180416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

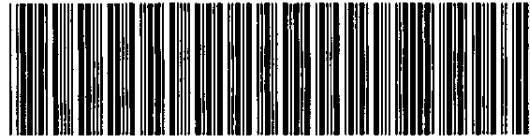
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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R. WHITE

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Speech & Language by Angelica  
Name of Corporation

DOCUMENT NUMBER: \_\_\_\_\_

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:

Angela Shetrompf  
Name of Contact Person  
Speech & Language by Angelica  
Firm/Company  
819 SW 147 Av  
Address  
Pembroke Pines, FL 33027  
City/State and Zip Code  
speechbyangelica@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Shetrompf at (954) 709 5403  
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: Speech & Language by Angelica  
2. The principal office address: 819 SW 147 Ave, Pembroke Pines, FL 33027  
3. The mailing address (if different): X

4. Date of incorporation/qualification: 2/3/2006 Document number: \_\_\_\_\_

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)

~~819 SW 147 Ave, Pembroke Pines, FL 33027~~  
1884 Silverbell Terrace, Weston, FL 33327

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

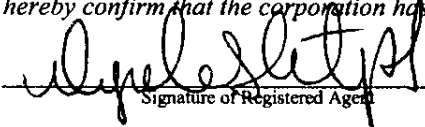
819 SW 147 Ave,  
Pembroke Pines, FL 33027

P.O. Box NOT acceptable

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SECRETARY OF STATE  
TALLAHASSEE, 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.

_____ Signature of an officer or director	_____ Printed or typed name and title
<i>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.</i>	
<u></u> Signature of Registered Agent	<u>✓</u> 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)