

PO6000076754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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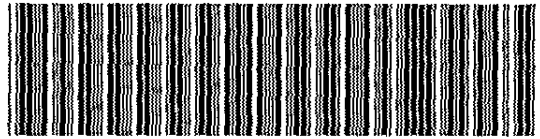
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Speech & Language Pathology of Central Florida Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000076754

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:

Laila Esden

(Name of Contact Person)

Speech & Language Pathology of Central Florida, Inc.  
(Firm/Company)

7605 Conroy Windermere Rd.

(Address)

Orlando, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

Laila Esden

(Name of Contact Person)

at ( 407 ) 291-9393

(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 \_\_\_\_\_ 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 Pathology of Central Florida
2. The principal office address: 7605 Conroy Windermere Rd.  
Orlando, FL 32835
3. The mailing address (if different): P. O. Box 291  
Winter Park, FL 32790
4. Date of incorporation/qualification: June 5, 2006 Document number: P06000076754
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:


Laila Esden  
2180 North Park Avenue, #230  
Winter Park, FL 32790

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

(Laila Esden)  
7605 Conroy Windermere Road  
(P.O. Box NOT acceptable)  
Orlando, FL 32835

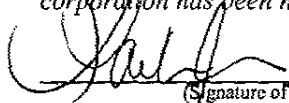
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Laila Esden  
(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.*

  
(Signature of Registered Agent)

July 12, 2006  
(Date)

If signing on behalf of an entity:

Laila Esden  
(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 (8/05)

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SECRETARY OF STATE  
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