## P08000121719

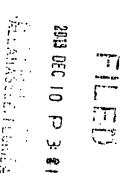
(Re	equestor's Name)	-		
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Ross Counseling Inc

Name of Corporation

P08000021819

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:

Donna M Ross

Name of Contact Person

Ross Counseling Inc

Firm/Company

1303 Trail By The Lake

Address

Deland FL 32724

City/State and Zip Code

donnarosslcsw@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna M. Ross

Name of Contact Person

at (561 ) 704-8746

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

statement of change	ovisions of sections 607.0502, 617.0502 e is submitted for a corporation organi; o change its registered office or register	zed under the laws of the Sta	te of Florida
1. The name of the	corporation: Ross Counseling		
2. The principal off	fice address: 1303 Trail By The	Lake	
	Deland, FL 32724		
3. The mailing add	ress (if different):		
4. Date of incorpor	ation/qualification: 2/28/2008	Document number: P(	08000021819
5. The name and st	reet address of the current registered ag ent of State: (If resigned, enter resigned	•	file with the
D	onna M. Ross		
<u>.</u> (	-1655. Apple T	ree Cir B	<del></del>
سر <u>د .</u>	Boyn-ton-Beach	, F1 33436	
6. The name and st (if changed):	reet address of the new registered agent	(if changed) and /or register	red office
D	onna M Ross		<u> </u>
<u>1</u> :	303 Trail By The Lake		
D	eland FL 32724	ecceptable	
The street address as changed will be	of its registered office and the street a identical.	ddress of the business office	of its registered agent.
Such change was a authorized by the b	authorized by resolution duly adopted looard, or the corporation has been noti	by its board of directors or h fied in writing of the change	oy an office so
Don Z Signature o	Tan officer or director	Donna M Ross, President	
I further agrée to c performance of m	e appointment as registered agent and comply with the provisions of all statua duties, and I am familiar with and ac locument is being filed merely to reflect at the corporation has been notified in	tes relative to the proper an cent the obligation of my po	d complete osition as revistered
Donn	m. Ross	12/04/2018	
Ž.	re of Registered Agent	Date	
If signing on behal	•		
Donna M. Ro	I or Printed Name		

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

\* \* \* FILING FEE: \$35.00 \* \* \*