

PO8000621819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400321540374

12/10/18--01007--005 \*\*35.00

RECEIVED  
FEB 14 2019

2019 DEC 10 P 3:21

FILED

DEC 13 2018

T. LEMIEUX

20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ross Counseling Inc

Name of Corporation

**DOCUMENT NUMBER:** 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

donnarossllcsw@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

561 704-8746

at ( )

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

1. The name of the corporation: Ross Counseling Inc
2. The principal office address: 1303 Trail By The Lake  
Deland, FL 32724
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/28/2008 Document number: P08000021819
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)

Donna M. Ross

4655 Apple Tree Cir B  
Boynton Beach, FL 33436

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

Donna M Ross

1303 Trail By The Lake

P.O. Box NOT acceptable

Deland FL 32724

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.

Donna M. Ross  
Signature of an officer or director

Donna M Ross, 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.*

Donna M. Ross  
Signature of Registered Agent

12/04/2018

Date

If signing on behalf of an entity:

Donna M. Ross

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