

P10000099854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

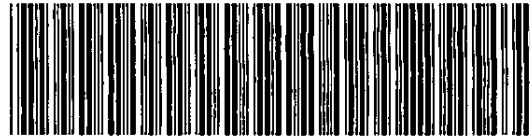
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100247076391

04/24/13--01008--011 **35.00

FILED
13 APR 24 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RACH

4/30/13

COVER LETTER *

TO: Amendment Section
Division of Corporations

SUBJECT: Autism Community Magazine Inc
Name of Corporation

DOCUMENT NUMBER: 010000099854

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:

Fern Postelnik
Name of Contact Person

Autism Community
Firm/Company

1991 NE 32nd Ct #42
Address

LP, FL 33064
City/State and Zip Code

AutismCommunityMagazine@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fern Postelnik at (786) 547-3429
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Autism Community Magazine
2. The principal office address: 1991 NE 32nd Ct #42
LP, FL 33064
3. The mailing address (if different): NA
4. Date of incorporation/qualification: 12/9/10 Document number: P10000099854

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)

Karen Karp
1991 NE 32nd Ct #42
LP, FL 33064

FILED
13 APR 24 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Fern Postelnik
1991 NE 32nd Ct #42
LP, FL 33064

P.O. Box NOT acceptable

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]
Signature of an officer or director

Karen Karp
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]
Signature of Registered Agent

4/21/13
Date

If signing on behalf of an entity:

Fern Postelnik
Typed or Printed Name

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