

P120000005256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

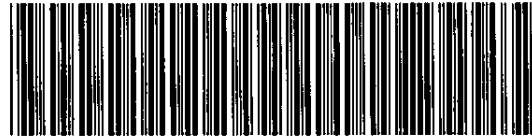
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAI no change

AUG 28 2014
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HORIZON SPEECH LANGUAGE THERAPY INC
Name of Corporation

P12000005256
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:

Ana Cecilia Fontan

Name of Contact Person

Registered Agent- Horizon Speech Language Therapy INC

Firm/Company

5001 Collins Ave. Ap. 8C

Address

Miami Beach FL 33140

City/State and Zip Code

ceciliafontan@hotmail.com

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

For further information concerning this matter, please call:

Ana Cecilia Fontan

646 353-8513

Name of Contact Person

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: HORIZON SPEECH LANGUAGE THERAPY INC.
2. The principal office address: 5001 COLLINS AVE. Ap. 8C
Miami Beach Fl. 33140

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/13/2012 Document number: P12000005256

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)

Ana Cecilia Fontan

900 West Ave. Ap. 1405

Miami Beach Fl 33139

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

Ana Cecilia Fontan

5001 Collins Ave. Ap. 8C

Miami Beach Fl 33140

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

ANA CECILIA FONTAN (DIRECTOR)
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

08/13/14
Date

If signing on behalf of an entity:

ANA CECILIA FONTAN
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