

P16000026998

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C. GOLDEN

OCT - 9 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Chrysalis ABA Therapy Corp.
Name of Corporation

DOCUMENT NUMBER: P1600002698

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:

Beatriz Kouracles
Name of Contact Person

Chrysalis ABA Therapy Corp.
Firm/Company

5180 W. ATLANTIC AVE SUITE 114
Address

Delray Beach FL 33484
City/State and Zip Code

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

For further information concerning this matter, please call:

Petros Kouracles at (508) 328-9147
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: Chrysalis ABA Therapy Corp.
2. The principal office address: 5180 W. ATLANTIC Ave Suite 114
Delray Beach FL 33484
3. The mailing address (if different): -Same- as Above
4. Date of incorporation/qualification: Jan 13th 2017 Document number: P16000026998

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)

Zinner, LEA B
19745 Black Olive Lane
Boca Raton, FL 33498

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

Claudia Zinner
4800 North Federal Hwy Bld D Suite 101
P.O. Box NOT acceptable
Boca Raton, FL 33498

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

Beatriz Kavracles - 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.

Claudia Zinner
Signature of Registered Agent

10/02/2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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