

P170000041597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

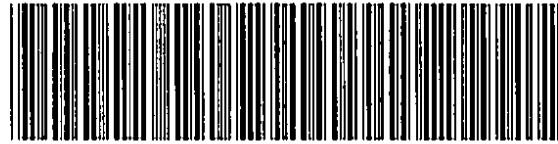
(Business Entity Name)

(Document Number)

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CLERK OF COURT

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Stepping Stones Counseling Center Inc  
Name of Corporation

DOCUMENT NUMBER: P17000041597

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:

Michael Savage

Name of Contact Person

Stepping Stones Counseling Center

Firm/Company

4300 W Lake Mary Blvd. Suite 1010

Address

Lake Mary, Florida 32746

City/State and Zip Code

carmike6861@gmail.com

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

For further information concerning this matter, please call:

Michael Savage

Name of Contact Person

at ( 407 ) 902-3246

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

RECEIVED  
17 NOV 27 PM 2:41  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: Stepping Stones Counseling Center Inc.
2. The principal office address: 4300 W Lake Mary Blvd. Suite 1010  
Lake Mary, Fl. 32746
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: May 08, 2017 Document number: P17000041597

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)

Carol A. Savage

801 International Parkway, STE 500

Lake Mary, Fl. 32746

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

Carol A. Savage

4300 W. Lake Mary Blvd. Suite 1010

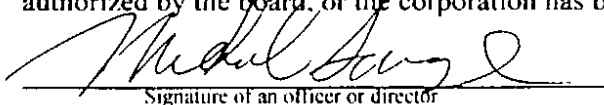
P.O. Box NOT acceptable

Lake Mary, Fl. 32746

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SECRETARY OF STATE

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 of an officer or director

Michael Savage, VP  
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 of Registered Agent

11/20/2017  
Date

If signing on behalf of an entity:

Michael Savage

Typed or Printed Name

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