

P190000 60803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

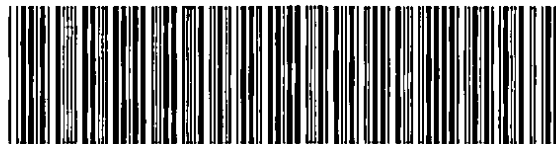
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2019 AUG 13 P 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 15 2019

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STRATEGIC APPLIED BEHAVIOR AN
Name of Corporation

DOCUMENT NUMBER: P19000060803

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:

SHERRIE COWAN

Name of Contact Person



Firm/Company

18245 PAULSON DRIVE SUITE 13

Address

PORT CHARLOTTE, FL 33954

City/State and Zip Code

STRATEGICABA@GMAIL.COM

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

For further information concerning this matter, please call:

RAYMARA CASTRO

Name of Contact Person

at (305) 2138424

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

1. The name of the corporation: STRATEGIC APPLIED BEHAVIOR ANALYSIS CORP
2. The principal office address: 18245 PAULSON DRIVE SUITE 130
PORT CHARLOTTE, FL 33954
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/26/2019 Document number: P19000060803

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)

COWEN, SHERRIE

18245 PAULSON DRIVE SUITE 130

PORT CHARLOTTE, FL 33954

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

SHERRIE COWAN

18245 PAULSON DRIVE SUITE 130


P.O. Box NOT acceptable

PORT CHARLOTTE, FL 33954

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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 officer or director

Sherrie Cowan
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

8/7/19
Date

If signing on behalf of an entity:

Typed or Printed Name

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