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05 DEC 27 MM IO: 28

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI	Stephen C. Figley	Counseling, Inc.
DOCU	MENT NUMBER: P990000	60112
The en	closed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this r	natter to the following:
	Stenh	en C. Figley
	(Name of	of Contact Person)
	Stephen C. F	igley Counseling, Inc. m/Company)
	(Fi	m/Company)
	4001 Nowbor	ny Rood, Ruilding C 4
	400 i Newbei	ry Road, Building C-4 (Address)
		ville, FL 32607
	(City/St	ate and Zip Code)
For fur	ther information concerning this matter, plo	ease call:
	Stephen C. Figley (Name of Contact Person)	at (352) 380-0209 (Area Code & Daytime Telephone Number)
	(Name of Confact Person)	(Area Code & Daytime Telephone Number)
Enclos	ed is a \$35.00 check made payable to the D	epartment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporation	
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted for	a corporation organ	12, 607.1508, or 617.1508, Finited under the laws of the St	ate of Flo	orida		
in order	_ ,		ered agent, or both, in the St	ate of Flor	ida.		
1. The name of t	he corporation:	Stephen C. Figley (Counseling, Inc.				_
2. The principal	office address: 4	1001 Newberry Ro	ad, Building C-4				
	(Gainesville, FL 3	2607				
3. The mailing a	ddress (if different):	Same	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		·		
4. Date of incorp	oration/qualification	n: 06-30-99	Document number:	P9900	006011	2	_
5. The name and Florida Depart		current registered ap	gent and registered office on	file with t	he		
	Ant	hony J. Salzma	an, P.A.				
	500	E. University A	Avenue, Suite A		TALL.	05 (
	Gain	esville, FL 326	02		AHA:	DEC 27	
6. The name and (if changed):	street address of the	: new registered agen	nt (if changed) and /or registe	red office	SSEE, F	27 AM 10:	į
	Joai	nna L. Figley			STAT	D: 2	ļ
1511 N.W. 89th Terrace							
(P.O. Box NOT acceptable) Gainesville, FL 32606							
The street address as changed will	ss of its registered of	······································	address of the business office	ce of its re	egistered	agent,	
Such change was authorized by the	s authorized by reso e board, or the corp	olution duly adopted oration has been no	I by its board of directors or tified in writing of the chan	by an off ge.	icer so		
(Signatur	e of an officer or director)		Stephen C. Fig	ley, Pres	sident		
I hereby accept t I further agree to of my duties, and document is bein corporation has	he appointment as o comply with the p I I am familiar with g filed merely to re been notified in wri	registered agent and rovisions of all state and accept the obli flect a change in the tiing of this change.	d agree to act in this capaci utes relative to the proper a gation of my position as res e registered office address,	ity.	eta navfor	mance if this at the	!
Joann	ature of Registered Agent	gley	December 21	1, 2005			
If signing on beh	alf of an entity:						
Joann	na L. Figley						
(Ty	ped or Printed Name)		•				

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