733411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FM
5-10-25

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** AVON PARK COMMUNITY CHILD DEVELOPMENT CENTER, INC.
Name of Corporation

**DOCUMENT NUMBER:** 733411

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:

WARWICK R. FURR, II
Name of Contact Person

LAW OFFICES WARWICK R. FURR, II
Firm/Company

90 LAKE BYRD BLVD.
Address

AVON PARK FL. 33825
City/State and Zip Code

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

2025 MAY 12 PM 1:50

For further information concerning this matter, please call:

WARWICK FURR, II at (863) 453-5562
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

**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: AVON PARK COMMUNITY CHILD DEVELOPMENT CENTER, INC.
2. The principal office address: 800 SO. DELANEY AVE. AVON PARK, FL. 33825
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: JULY 29, 1975 Document number: 7-33, 411
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)

WARWICK R. FURR, II
90 LAKE BYRD BLVD.
AVON PARK, FL. 33825

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

Stephanie Pinon
800 S. Delaney Ave
P.O. Box NOT acceptable
Avon Park FL 33825

2025 MAY 12 PM 4:50

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.

_____, TSR
Signature of an officer or director

Katherine Turner, TSR
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

5/5/2025
Date

If signing on behalf of an entity:

_____
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

CR2E045 (04/13)