

F15000001538

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
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REGISTERED AGENT CHANGE
WISCONSIN LUTHERAN CHILD & FAMILY SERVICES, INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WISCONSIN LUTHERAN CHILD & FAMILY SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: F15000001538

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:

JEROME
Name of Contact Person

Firm/Company

784 S. CLEARWATER LOOP
Address

POST FALLS, ID 83854
City/State and Zip Code

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

For further information concerning this matter, please call:

JEROME at (509) 768-2249
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

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

1. The name of the corporation: WISCONSIN LUTHERAN CHILD & FAMILY SERVICES, INC.
2. The principal office address: W175 N1120 STONEWOOD DRIVE
GERMANTOWN, WI 53022

3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/03/2015 Document number: F15000001538

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)
LONG, JEREMY
870 HOLLYWOOD BLVD
WEST MELBOURNE, FL 32904

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
REGISTERED AGENTS INC
7961 4TH ST, N STE 300
P.O. Box NOT acceptable
ST. PETERSBURG, FL 33702

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 Michel Brad / 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.

 Signature of Registered Agent 03/06/2023 Date

If signing on behalf of an entity:
David Roberts / Assistant Secretary / Registered Agents Inc
Typed or Printed Name

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