

NO2000002212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

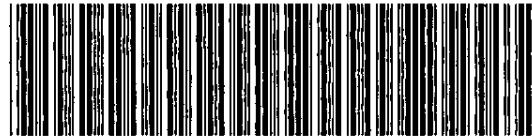
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KIDS CENTRAL INC

Name of Corporation

DOCUMENT NUMBER: N02000002212

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:

Tom Ranew

Name of Contact Person

Kids Central Inc

Firm/Company

2117 SW Hwy 484

Address

Ocala, FL 34473

City/State and Zip Code

thomas.ranew@kidscentralinc.org

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

For further information concerning this matter, please call:

Tom Ranew

Name of Contact Person

at (352) 387-3446

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2013

TOM RANER
2117 SW HWY 484
OCALA, FL 34473

SUBJECT: KIDS CENTRAL, INC.
Ref. Number: N02000002212

We have received your document for KIDS CENTRAL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 313A00003016

**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: Kids Central, Inc.
2. The principal office address: 2117 SW Hwy 484
Ocala, FL 34473
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/26/2002 Document number: N02000002212

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)

GREGORY C. HARRELL, MATEER HARBERT, PA 7 E SILVER SPRINGS BLVD STE 500 OCALA FL 34470 US

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

Thomas C. Ranew, Jr.

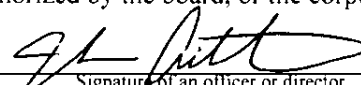
2117 SW Hwy 484

P.O. Box NOT acceptable

Ocala, FL 34473

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.

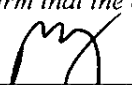


Signature of an officer or director

John Aitken CFO

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.

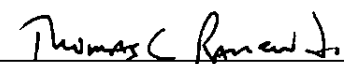


Signature of Registered Agent

01/16/2013

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 (03/12)