406000005663

(Requestor's Name) (Address)	500185374025			
(City/State/Zip/Phone #)	09/30/1001024008 **35.00			
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	2010 SEP 30 SECKETARY			
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BISHOP, DULANEY & JOYNER, P.A.

4521 SHARON ROAD, SUITE 375 CHARLOTTE, NORTH CAROLINA 28211 (704) 442-8875 FAX (704) 442-5589

Enclosure Memo

TO:

Amendment Section, Corporations Division

Florida Secretary of State

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

FROM:

Lynn Tilley

DATE:

September 29, 2010

RE:

Change of Registered Agent/Haitian Children's Home, Inc.

While enclosed you will find the required cover letter along with the Amendment of Change of Registered Agent for the above referenced Florida entity, I type this note to further request that if you have questions regarding only this particular filing, please contact Kenny Abner at the phone number provided. All other future contact should be sent to Brian Williams at the address provided.

Thank you.

COVER LETTER

TO:	Amendment Division of (Section Corporations				
SUBJ	ECT:	Haitian	Children's Hom Name of Corporation	e, Inc.		
DOC	UMENT NUM	BER:	N0600000	5663		
The e	nclosed Statem	ent of Change of Regi	stered Office/Agent	and fee are sub	omitted for filing.	
Please	return all corre	espondence concernin	g this matter to the f	ollowing:		
	_		Brian Williams Name of Contact Per	Son		
				3011		
Joy in Hope Firm/Company						
			Time Company			
	2731 Highway 55, #251					
			Address			
		•	Carv. NC 2751	9		
	Cary, NC 27519 City/State and Zip Code					
	bwilliams@techconsultinggroup.com E-mail address: (to be used for future annual report notification)					
	L	-man address. (10 b	e used for future ar	muai report ii	ouncation	
For fu	rther informati	on concerning this ma	atter, please call:			
		Kenny Abner	. at (704	442-8875, ext. 13	
	Name	of Contact Person		rea Code & Da	442-8875, ext. 13 aytime Telephone Number	
Enclo	sed is a \$35.00	check made payable	to the Department of	State.		
		Mailing Address: Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	oorations	Clifton Bui	Corporations Iding Itive Center Circle	

TO:

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

statement of change is submitted for a corporation organized under the laws of the State of Florida C	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Haitian Children's Home Inc.	
2. The principal office address: 2400 Manatee Wast	
Bradenton FL 34205	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 05/34/2006 Document number: N0600005663	
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)	
W. Scott Hamilton - Resigned	
2400 Manatee Avenue West	1127
Bradenton, FL 34205	seran gwer
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Kerry Richard	
7131 Shady Wood Lane	
P.O. Box NOT acceptable	
Orlando, FL 32835	
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.	
Brian Williams Treasurer	
Signature of an efficer or director Printed or typed name and tale	
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.	
09/22/10	
Signature of Registered Agent 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 (8/05)