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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The National Community Network Name of Corporation
DOCUMENT NUMBER: NO 9 6000 10173
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:
Ella Williams Name of Contact Person The notional Commenda Network Firm Company
923 Ane A
Allon Payl F. 33825 - City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (SU3) 257 5378 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

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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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: The National Community Network
2. The principal office address: 923 South A ANO
Allon Hrik Pr. 33825
3. The mailing address (if different):
4. Date of incorporation/qualification: 10\29\2009 Document number: N0900010173
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)
Trank Paul Jones Por - He 15 Mentally Ill Mentally Ovidence
Allon Fronk Ft. 33835)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
PUA WILLIAMS 923 AND A
923 Ave A P.O. Box NOT acceptable
P.O. Box NOT acceptable P.O. Box NOT acceptable
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 Frinted 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 3 14 16 Date
If signing on behalf of an entity:
Ella Williams
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

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