N26617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
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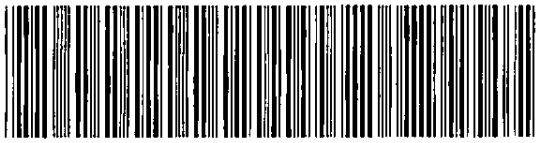

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2025

THE FLORIDA ASSOCIATION FOR CHILD CARE MANAGEMENT, INC.
4840 DAIRY ROAD
SUITE 104
MELBOURNE, FL 32904 US

SUBJECT: THE FLORIDA ASSOCIATION FOR CHILD CARE MANAGEMENT, INC.
Ref. Number: N26617

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of $0.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a Statement of Change of Registered Office or Registered Agent or both for Limited Partnership or Limited Liability Limited Partnership, but your entity is a Statement of Change of Registered Office or Registered Agent or both for Corporations. Please complete and return the enclosed blank form(s).

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.

Mary C Malone
Amendment Section

Letter Number: 425A00014731

RECEIVED
JUL 18 2025
By

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Florida Association for Child Care Management, Inc.
Name of Corporation

DOCUMENT NUMBER: N26617

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:

Glen Mort
Name of Contact Person

The Florida Association for Child Care Management, Inc.
Firm/Company

4640 Dairy Road, Suite 104
Address

Melbourne, FL. 32904
City/State and Zip Code

gmort@facm.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glen Mort at (954) 869-7154 x3005
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

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

1. The name of the corporation: The Florida Association for Child Care Management, Inc.
2. The principal office address: 4840 Dairy Road, Suite 104
   Melbourne, Florida 32904
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: _____ Document number: N26617
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)

   Mort, Glen R. DR.
   4840 Dairy Road, Suite 101
   Melbourne, FL. 32904

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

   Mort, Glen R. DR.
   4840 Dairy Road Suite 104
   P.O Box NOT acceptable
   Melbourne, FL. 32904

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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.

Glen R. Mort
Signature of an officer or director

Glen R. Mort
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.

Glen R. Mort
Signature of Registered Agent

7/15/25
Date

If signing on behalf of an entity:

Glen R. Mort
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)