## N952000/885

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(Requestor's Name)	
(Address)	
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(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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## **COVER LETTER**

Division of Corporations
SUBJECT: Kristi House, Inc. (Name of Corporation)
DOCUMENT NUMBER: N95000001885
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:
Trudy Novicki (Name of Contact Person)
Kristi House, Inc. (Firm/Company)
1265 NW 12 Avenue (Address)
Miami, FL 33136
(City/State and Zip Code)
For further information concerning this matter, please call:
Trudy Novicki at (305) 547-6836 (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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CR2E045 (8/05)

## 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 Floridain order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: Kristi House, Inc.	
2. The principal	office address: 1265 NW 12 Avenue	
Miami, FL	33136	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 04/20/1995 Document number: N95000001885	
	d street address of the current registered agent and registered office on file with the transmit of State:	
	JR. H. William Walker	
	200 S. Biscayne. 4900 First Union Financial Center	
	Miami, FL 33131	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	
	Rima Shahin Right High High High High High High High High	
	1265 NW 12 Avenue	
	(P.O. Box NOT acceptable)	
	Miami, FL 33136	
<del>-</del>	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.	
X Mund	gept an officer pr director)  TRUDY NOVICKI EX. DIR  (Printed or typed name and title)	
I hereby accept I further agree to of my duties, and document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
Rec	mature of Registered Agent) (Date)	
(Si	gnature of Registered Agent) (Date)	
If signing on be	chalf of an entity:	
thim a sh	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)

T. N.