P32740

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
	ty/State/Zip/Phone	. #h		
(Ci	ty/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



700021354767

2003 JUL -8 PM 4: 24
SELAHASSEE, FLORIDA



C. Couillette JUL 0 8 2003



ACCOUNT NO. : 072100000032

REFERENCE: 158909

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : July 7, 2003

ORDER TIME : 2:33 PM

ORDER NO. : 158909-025

CUSTOMER NO: 4327796

CUSTOMER: Ms. Wendy L. Sall

America's Charities

Suite 110

14150 Newbrook Drive Chantilly, VA 20151

CHANGE OF AGENT

NAME: AMERICA'S CHARITIES

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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

	olumbia in order to change it.	s registered office or registered a	agent, or both, in the State
of Florida.			
1. The name	of the corporation: AMERICA'S	CHARITIES, INC.	
2. The princi	pal office address: 14150 Newb	prook Drive, Suite 110, Chanti	
			Z 283
			FS 3
3. The mailir	ng address (if different):		~ ~ € 5
			S 8
4. Date of inc	corporation/qualification: 02/0	Document nur	mber: P32740 MG P
	and street address of the curren epartment of State:	t registered agent and registered o	
	CT Corporation System		
	1200 S. Pine Island Road	· · · · · · · · · · · · · · · · · · ·	
	Plantation, FL 33324		
6. The name changed):		registered agent (if changed) a	nd /or registered office (if
	Corporation Service Compa	iny	······································
	1201 Hays Street (P.O. Box or	personal mailbox NOT acceptable)	
	Tallahassee, FL 32301		
The street acagent, as cha		nd the street address of the busine	ess office of its registered
Such change authorized b	e was authorized by resolution or the board, or the corporation	duly adopted by its board of direction has been notified in writing of the	
(Signature of an ol	licer, charman of the board	Don Sado (Printed of typed nar	(EO/ President
I further agr	ree to comply with the provision of my duties, and I am familia	red agent and agree to act in this ns of all statutes relative to the part with and accept the obligation ring filed merely to reflect a character poration has been notified in with the control of the	roper and complete
	(Signature of Registered Agent)	(Date)	
If signing on b	ehalf of an entity:		
Dorothy Te		Assistant Vice Presid	
	(Typed or Printed Name)	(Capacii	tv)

* * * FILING FEE: \$35.00 * * *