

N07452

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Date 1/5/06 FedEx Tracking Number 854285571871

Sender's Name Ben Wallace Phone 727 523-1111

Company FAMILY NETWORK ON DISABILITY

Address 2730 WHITNEY RD

Dept./Floor/Suite/Room

City Tallahassee State FL ZIP 90540

☐ PICK-UP ☐ WAIT ☐ MAIL

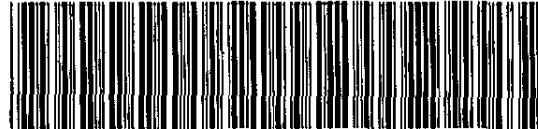
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA/chg
(10, 1.13.06)

**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: Family Network on Disabilities of Florida, Inc.
2. The principal office address: 2735 Whitney Road
Clearwater, FL 33760-1610
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/05/1985 Document number: N07452
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jan La Belle

2735 Whitney Road

Clearwater, FL 33760

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

Richard La Belle

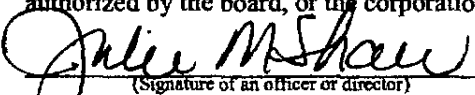
2735 Whitney Road

(P.O. Box NOT acceptable)

Clearwater, FL 33760

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)

Julie M. Shaw, President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, 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)

1/04/06

(Date)

If signing on behalf of an entity:

Richard La Belle

(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)

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06 JAN -6 AM 10:00
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