P12000097115

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COVER LETTER

TO: Amendment Section Division of Corporations

Children's Home Services, Inc.

Name of Corporation

P12000097115

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:

Ihosvany Alvarez

Name of Contact Person

Children's Home Services, Inc.

Firm/Company

13255 SW 7 Court Apt 104

Pembroke Pines, FL 33027

City/State and Zip Code

childrenhomeservices@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ihosvany Alvarez

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

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

1

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	ne corporation: Children's Home Services, Inc.
2. The principal	office address: 13255 SW 7 Court Apt 104 Pembroke Pines, FL 33027
3. The mailing a	ddress (if different): 13255 SW 7 Court Apt 104 Pembroke Pines, FL 33027
4. Date of incorp	oration/qualification: 01/01/2013 Document number: P12000097115
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Ihosvany Alvarez
	12962 SW 133 CT Suite B Miami, FL 33186
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office Compared to the new registered agent (if changed) and /or registered office Compared to the new registered agent (if changed) and /or registered office Compared to the new registered agent (if changed) and /or registered office Compared to the new registered agent (if changed) and /or registered office Compared to the new registered agent (if changed) and /or registered office Compared to the new registered agent (if changed) and /or registered office Compared to the new registered agent (if changed) and /or registered office Compared to the new registered agent (if changed) and /or registered office Compared to the new registered agent (if changed) and /or registered office Compared to the new registered agent (if changed) and /or registered office Compared to the new registered agent (if changed) and /or registered office Compared to the new registered agent (if changed) and /or registered office Compared to the new registered agent (if changed) and /or registered office Compared to the new registered agent (if changed) and /or registered agent (if changed) agent (if changed) and /or registered agent (if changed) agen
	13255 SW 7 Court Apt 104 Pembroke Pines, FL 33027 P.O. Box NOT acceptable
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
	s authorized by resolution duly adopted by its board of directors or by an officer so e board of the corporation has been notified in writing of the change. Ihosvany Alvarez / Owner Printed or typed name and title
I hereby accept I I further agree to performance of to agent. Or, if this hereby confirm t	the appointment as registered agent and agree to act in this capacity. Occumply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I hat the forparation has been notified in writing of this change. O 26/13
If signing on bel	alf of an entity:
Ihosvany Al	varez ped or Printed Name
ıy	POL OF LITTURED LEGATIC

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