

N49202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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MONTGOMERY

10/20/16

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Healthy Start Coalition of Orange County, Inc

Name of Corporation

**DOCUMENT NUMBER:** N49202

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:

**Elaine Cauthen**

Name of Contact Person

Healthy Start Coalition of Orange County, Inc.

Firm/Company

1040 Woodcock Rd., Suite 215

Address

Orlando, FL 32803

City/State and Zip Code

**elaine@healthystartorange.org**

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

For further information concerning this matter, please call:

**Elaine Cauthen**

Name of Contact Person

at (407) 228-1482

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

**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: Healthy Start Coalition of Orange County, Inc.
2. The principal office address: 1040 Woodcock Road, Ste 215,  
Orlando FL 32803
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: June 1992 Document number: N49202

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)

Linda Sutherland

600 Courtland Street, Suite 565

Orlando, FL 32804

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TALLAHASSEE, FLORIDA

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

Linda Sutherland (no change in name)

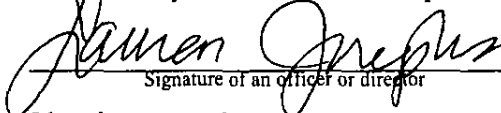
1040 Woodcock Road, Suite 215

P.O. Box NOT acceptable

Orlando, FL 32803

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

Lauren Josephs, Board Chair

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.*

  
Signature of Registered Agent

10/11/2016  
Date

If signing on behalf of an entity:

Linda Sutherland  
Typed or Printed Name

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