

707228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INSTITUTE FOR CHILD AND FAMILY HEALTH, INC.
Name of Corporation

DOCUMENT NUMBER: 707228

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:

SUZY SCHUMER

Name of Contact Person

Institute for Child and Family Health, Inc.

Firm/Company

15490 NW 7th Ave., Suite 200

Address

Miami, Florida 33169

City/State and Zip Code

SSCHUMER@icfhinc.org

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

For further information concerning this matter, please call:

Nilda Prieto

Name of Contact Person

at (**305**) **687-3262**

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: Institute for Child and Family Health, Inc.

2. The principal office address: 15490 NW 7th Avenue, Suite 200, Miami, FL 33169

3. The mailing address (if different): _____

4. Date of incorporation/qualification: May 1st, 1964 Document number: 707228

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)

Alan Silverman (Resigned)

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

Ainsworth Geddes

15490 NW 7th Avenue, Suite 200

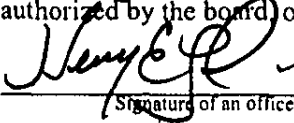
P.O. Box NOT acceptable

Miami, FL 33169

2016 NOV -7 AM 11:00
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

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.

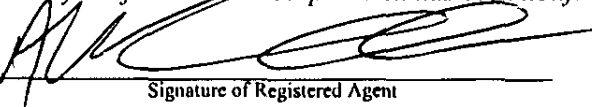


Signature of an officer or director

Henry Landa, President

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

10/11/16

Date

If signing on behalf of an entity:

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