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(	(Address)							
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	City/State/Zip/Phone #)							
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## € .. ¥ COVER LETTER

Division of Corporations					
SUBJECT: Brightest Horizons Child Development Center, Inc. (Name of Corporation)					
DOCUMENT NUMBER: 708764					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
•					
Ting Brown s					
(Name of Contact Person)					
Brightest Horizons Child Dovelopment Conter To					
SUBJECT: Brightest Horizons Child Development Center, Inc.  (Name of Corporation)  DOCUMENT NUMBER: 708 76 4  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:  That Parsons (Name of Contact Person)  Brightest Horizons Child Development Content, Inc.  (Firm/Company)  10320 Gladiolus Drive (Address)  Fort Nyers, FL 33 908  (City/State and Zip Code)  For further information concerning this matter, please call:  That Parsons at 239 481-2100  (Name of Contact Person)  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address: Amendment Section Division of Corporations P.O. Box 6327  Clifton Building					
10320 Gladiolus Dave					
(Address)					
Fort Myers, FL 33908					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Tina Parsons 239 481-2100					
(Name of Contact Person) at (Area Code & Daytime Telephone Number)					
Enclosed is a \$35,00 check made payable to the Department of State.					
•					
Mailing Address: Street Address:					
Tallahassee, FL 32314 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 statement of change is submi	itted for a corpo	ration organized u	nder the laws of	f the State	of <u>F</u>	lorida	
in order to change		<del>-</del>	•				IX.
The name of the corporati     The principal office addre	ss: /0320	Gadiolus	Drive,	Æ	BUX	08072	
Fort Mye	rs, FL	33908					
3. The mailing address (if di	fferent):					<u> </u>	
4. Date of incorporation/qua	lification: <u>04</u>	108/1965	Document num	ber:	708 76	4	
5. The name and street addre Florida Department of Sta		t registered agent a	nd registered of	fice on fil	e with the		
<u>-</u>	Nathali	e Ryle			<del></del>		
	11542	Laika L	ane		<del> </del>		
	Captive	ie Ryle Laika L 1, FL	33924				*****
6. The name and street addre (if changed):				_			OB JU SECRE
ندف الناوار فيورونونون	Jam	es Luth	er			,	
	8260	Langshire NOT accordate)	_ Way		<del>,,</del>		19 P
	(P.O. Box	NOT acceptable)  Myers	C. 22	2917		LON	Z SZ S
The street address of its reg as changed will be identical		···· /				stered agent,	49
							· ·
Such change was authorized authorized by the board, or	•			he change			
Mathalia (Signature of an officer	or dipletor)		Nathal	or typed nam	e and title	Past Pre	adent
I hereby accept the appoint I further agree to comply w of my duties, and I am fami document is being filed me corporation has been notifi	ment as registe with the provision liar with and a rely to reflect a led in writing of	red agent and agr ns of all statutes r ccept the obligatio Change in the reg (this change.	ee to act in this elative to the p on of my position istered office a	s capacity proper and on as regi ddress, I	) d complete stered age hereby col	performance nt. Or, if this ofirm that the	e s ;
Signature of Regu	17		6/17/08	(Date)			
If signing on behalf of an e	•						
(Typed or Printed	i Name)						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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