

711630



Cerebral Palsy Adult Home, Inc.
1405 Northwest 10th Street
Dania, Florida 33004

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-10/15/99--01050--006
*****35.00 *****35.00

Office Use Only

CORPOI

[T NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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- | | | |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Photocopy |
| | | <input type="checkbox"/> Certificate of Status |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

R.A. Change
10-21-99

Examiner's Initials LFT

**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,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation is: Cerebral Palsy Adult Home, Incorporated

2. The mailing address of the corporation is: 1405 Northwest 10th Street
Dania, Florida 33004

3. Date of incorporation/qualification: 10/14/66 Document number: 711630

4. The name and address of the current registered agent and office:

Florence Sindic

4900 S.W. 29th Avenue

Ft. Lauderdale, FL 33312

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Fonnie Castino

1931 N.E. 27th Street

Lighthouse Point, Florida 33064

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.



(Signature of an officer, chairman or vice chairman of the board)

Brian Ingalls / Vice President

Brian Ingalls

(Printed or typed name and title)
Brian Ingalls / Vice President

10-13-99

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

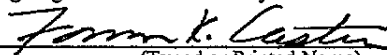


(Signature of Registered Agent)
Fonnie Castino

10-13-99

(Date)

If signing on behalf of an entity:



(Typed or Printed Name)
Fonnie Castino

Secretary-Treasurer

(Capacity)

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

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