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COVER LETTER

	ent Section of Corporations					
SUBJECT:	Coordinated Child Car	e of Pinellas, Inc.				
DOCUMENT N	UMBER:	16092				
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:						
Paul Runyon Name of Contact Person						
	Name of Cor	ntact Person				
	Coordinated Child Care of Pinellas, Inc.					
	Firm/Co	трапу				
	6500 102r	d Ava N				
	Add					
	Pinellas Park	FI 33782				
	Pinellas Park City/State an	d Zip Code				
	prupyon@childo	propinelles era				
	prunyon@childca E-mail address: (to be used for fi	areprilenas.org				
	•	,				
For further inform	nation concerning this matter, please c	all:				
	Gail Gendrau	at (727) 547-5772				
N	ame of Contact Person	at (727) 547-5772 Area Code & Daytime Telephone Number				
Enclosed is a \$35	.00 check made payable to the Depart	ment 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.150 inge is submitted for a corporation organized under r to change its registered office or registered agent	r the laws of the State of Flo	rida	
	he corporation: Coordinated Child Care			
2. The principal	office address: 6500 102nd Ave. N., Pinella	s Park, FL 33782		
3. The mailing a	ddress (if different):			
4. Date of incor	poration/qualification: 2/20/69 Doc	ument number:	716092	
	I street address of the current registered agent and retirent of State: (If resigned, enter resigned) M Guy Cooley	egistered office on file with the	he	
	6500 102nd Ave. N.		12 12	2 20:
	Pinellas Park, FL 33782		12 MAY	SCREET 3803
6. The name and (if changed):	street address of the new registered agent (if change	ged) and /or registered office	م ر- م ر-	ARY OF
	Paul Runyon		- - - -	STATE ORALI UNS
	6500 102nd Ave. N. P.O. Box NOT acceptable		28	3.40 C
	Pinellas Park, FL 33782			
The street addre	ess of its registered office and the street address of be identical.	f the business office of its re	egistered agent,	
Such change was	as authorized by resolution duly adopted by its bone board, or the corporation has been notified in v	pard of directors or by an off writing of the change.	ficer so	
Signatu	e of an officer or director	Jane Mulligan, Preside Printed or typed name and title	dent	
I hereby accept I further agree of my duties, fan document is bei corporation hav	the appointment as registered agent and agree to comply with the provisions of all statutes related from the configuration of all statutes related from the colligation of the filed merely to reflect a change in the register been notified in writing of this change.	o act in this capacity. ive to the proper and comple my position as registered a ed office address, I hereby o	ete performance gent. Or, if this confirm that the	
Jan	1. Benga	4/26/12		
	nature of Registered Agent half of an entity:	/ Date		
Paul V. F	•			
Т	yped or Printed Name			

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