

718388

Requestor's Name

P. C. Box 1269

Address

Highland City, Ill 33846

City/State/Zip

Phone #

Office Use Only

No return address on envelope

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TLL MAR 26 1997

Florida Department of State, Sandra B. Mortham, Secretary of State

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: THE DAY NURSERY ASSOCIATION OF LAKELAND, FLORIDA, INC.

2. The mailing address of the corporation is: P.O. BOX 1388

HIGHLAND CITY, FL 33846

3. Date of incorporation/qualification: 02/23/1970 Document number: 718388

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

CHRISTOPHER M. FEAR

202 EAST WALNUT STREET

LAKELAND, FL 33801

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

ELAINE VIOLANO

5421 U.S. HIGHWAY 98 S (NO MAIL DELIVERY) P.O. BOX 1388

HIGHLAND CITY, FL 33846

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

3/18/97
(Date)

DIANNE BISHOP, CHAIRMAN OF THE BOARD

(Printed or typed name and title)

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]
(Signature of Registered Agent)

3-18-97
(Date)

If signing on behalf of an entity:

ELAINE VIOLANO

(Typed or Printed Name)

CPO/PRESIDENT

(Capacity)