## 720397

(Requestor's Name)							
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Carrie







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088 1/24/18 Date:\_\_\_ **KEN HOWELL** Name:\_\_\_\_ T014554 Reference #:\_\_\_\_ Entity Name: Florence Fuller Child Development Centers, Inc. ☐ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement **ISSUES - CALL KEN @** Conversion 518-213-0738 Merger Dissolution/Withdrawal Fictitous Name Other \_\_\_\_\_ \$35.00 Authorized Amount: Signature: 4

+852.3975.1803

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502 nge is submitted for a corporat r to change its registered office	tion organized t	ınder the laws of the State	of Florid			
1. The name of t	"EI OPEN		CHILD DEVELOPMEN		RS, INC.	a	
		14TH ST, B	OCA RATON, FL 3	3432			-
3. The mailing a	ddress (if different):						-
4. Date of incorporation/qualification: 3/3/1971 Document number:				72039	720397		
5. The name and Florida Dena	I street address of the current re tment of State: (If resigned, en	egistered agent : ter resigned)	and registered office on file	e with the			
. (o	OKRENT, ELLYN						
	200 NE 14 ST.						
	BOCA RATON, FL 33	3432		<u> </u>	ALL	18	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						JAN 24	THE
	COGENCY GLOBAL	INC.		<del>-</del> :			Ö
115 NORTH CALHOUN ST., SUITE 4						Ċ.	
TALLAHASSEE, FL 32301				_	Þ	හ	
The street addr	ess of its registered office and be identical.	the street addre	ess of the business office o	of its registe	red agent	,	
	as authorized by resolution du ne board, or the corporation ha						
/s/ N	1arsha Lavender		rsha Lavender, Chief	Financial (			
	tre of an officer or director  the appointment as registered to comply with the provisions my duties, and I am familiar is document is being filed mer that the corporation has been	l agent and agr of all statutes r with and accep ely to reflect a notified in wri	Printed or typed name are tee to act in this capacity. telative to the proper and the obligation of my posi change in the registered of ting of this change.		stered ss, I		
	BHOO		11/24/16 Date	<u></u>			
	mature of Registered Agent		Late				
ERIC	B 1+00D						
7	yped of rindles Name  * * * FI	LING FEE: \$	35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
(12)

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