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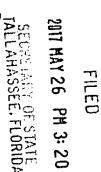
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☐ PICK-UP	☐ WAIT	MAIL
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(Business Entity Name)		
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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C. GOLDEN MAY 31 2017

## **COVER LETTER**

Division of Corporations			
SUBJECT: FAMILY CENTRAL INC.  Name of Corporation			
DOCUMENT NUMBER: 727 727			
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:			
Tul Pannullo  Name of Contact Person			
Family Centrals Inc			
Family Central, Inc.  Frm/Company  1415 W. Cypress Creeks RD; Suite 10.3  Address  Ft. LAUD ERDALE, PL 33309  City/State and Zip Code			
Ft. LAUD ERDALE, FC 33309 City/State and Zip Code			
NLINDSAY@familycentral.org E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Nadre Lindsay at (954) 724 4070  Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department 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

TO:

Amendment Section

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

Pursuant to the provisions of sections 607.0502, 617.0502, statement of change is submitted for a corporation organize in order to change its registered office or registere	d under the laws of the State of FLORISA
1. The name of the corporation: FAMILY CE  2. The principal office address: 1415 W  FORT LAUD	NTRAL, INC. CYPRESS CREEN RD; Suit GNOALE, FL 33309
3. The mailing address (if different):	
4. Date of incorporation/qualification:    Color   Color	ill and registered office on the with the
DR. BAMBIANA WEi	
840 SW81St AU	e ·
N. LAUD GROALE, 1	2 33068
6. The name and street address of the new registered agent (if changed): (HUDROSS CHANGE)  DR. BARBANA W	
1415 W. CYPRE	SS CREEN ROSUITE103  CEPTABLE  ADALTS FL 33309
The street address of its registered office and the street ad as changed will be identical.	dress of the business office of its registered agent,
Such change was authorized by resolution duly adopted be authorized by the board, or the corporation has been notified by the board of the corporation has been notified by the corporation has been notified by the corporation has been notified by the corporation by the corporation has been notified by the corporation by the corporation has been notified by the corporation by the corporation has been notified by the corporation by the corporation by the corporation has been notified by the corporation by t	y its board of directors or by an officer so led in writing of the change.  SUBJECT A. LOUIS EIGHT Printed or typed name and title
I hereby accept the appointment as registered agent and a I further agree to comply with the provisions of all statute performance of my duties, and I am familiar with and acc agent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in v	s relative to the proper and complete ept the obligation of my position as registered a change in the registered office address, I
Sunt Ess	5/12/13 PEE
Signature of Registered Agent  If signing on behalf of an entity:	Date ANG
BARBANA A. WEIVSTEIN, Ed D Typed or Printed Name	LED 6 PM 3 CY OF ST SEE, FLO
* * * FILING FEE	₽m <b>a</b>
MAKE CHECKS PAYABLE TO FLORI MAIL TO: DIVISION OF CORPORATIONS, P.O.	DA DEPARTMENT OF STATE

CR2E045 (03/12)