

733411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

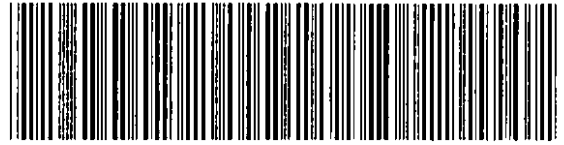
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: AVON PARK COMMUNITY CHILD DEVELOPMENT  
Name of Corporation CENTER, INC.

DOCUMENT NUMBER: 733411

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:

WARWICK R FURR, II  
Name of Contact Person

LAW OFFICES of WARWICK R. FURR, II  
Firm/Company

90 LAKE BYRD BLVD.  
Address

AVON PARK, FL 33825  
City/State and Zip Code

bdf@wrfpa.com  
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

WARWICK R FURR, II at (863) 455-5562  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AVON PARK COMMUNITY CHILD DEVELOPMENT CENTER, INC.
2. The principal office address: 800 S. DELANEY AVE.  
AVON PARK, FL. 33825
3. The mailing address (if different): P.O. BOX 1395, AVON PARK, FL. 33826
4. Date of incorporation/qualification: 1975 Document number: 733411
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

WARWICK R. FURR, II

90 LAKE BYRD BLVD.

P.O. Box NOT acceptable

AVON PARK, FL. 33825

SECRETARY OF STATE  
TALLAHASSEE, FL

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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, or the corporation has been notified in writing of the change.

Katherine Turner  
Signature of an officer or director

Katherine Turner, Treasurer  
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Warwick R. Furr II  
Signature of Registered Agent

July 29, 2023  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314