

4/4/24, 3:48 PM

2024/04/04 15:52:36 3 /5

736581

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: arichards@shumaker.com

**REGISTERED AGENT CHANGE**  
**THE FLORIDA CENTER FOR CHILDREN AND YOUTH, INC.**

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE FLORIDA CENTER FOR CHILDREN AND YOUTH, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 736581

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:

Ronald A. Christaldi, Esq.

Name of Contact Person

Shumaker, Loop & Kendrick, LLP

Firm/Company

101 East Kennedy Blvd., Suite 2800

Address

Tampa, FL 33602

City/State and Zip Code

rchristaldi@shumaker.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald A. Christaldi, Esq.

Name of Contact Person

at ( 813 )

221-7152

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: The Florida Center for Children and Youth, Inc.
2. The principal office address: 2898 Mahan Dr #1, Tallahassee, FL 32308
3. The mailing address (if different): PO BOX 956, TALLAHASSEE, FL 32302-1718
4. Date of incorporation/qualification: 08/13/1976 Document number: 736581
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)

CHRISTALDI, RONALD

BANK OF AMERICA PLAZA, SUITE 800

TAMPA, FL 33602

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

Ronald A. Christaldi, Esq.

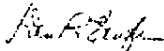
Shumaker, Loop & Kendrick, LLP

P.O. Box NOT acceptable

101 East Kennedy Blvd., Suite 2800, Tampa, FL 33602

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.




Signature of an officer or director

Dan R Stengle Chair, Board of Directors

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.*



Signature of Registered Agent

04/04/2024

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

CR2E045 (04/13)

# SHUMAKER

Bank of America Plaza  
101 E. Kennedy Boulevard  
Suite 2800  
Tampa, FL 33602  
813.229.7600  
813.229.1660 fax  
www.shumaker.com

DATE 4/4/24	TOTAL PAGES (INCLUDING COVER SHEET) 6	FROM April Richards-Parker
FAX NUMBER 18506176380		FOR INFORMATION CALL 813.229.7600
		EMAIL ADDRESS arichards@shumaker.com
SUBJECT RE: Registered Agent update for filing		
<p style="text-align: center;">MESSAGE</p> <p><b>April Richards-Parker</b> Florida Registered Paralegal <b><u>SHUMAKER</u></b> Bank of America Plaza, Suite 2800 101 East Kennedy Boulevard   Tampa, FL 33602 Direct 813.227.2355   Fax 813.229.1660 <a href="mailto:arichards@shumaker.com">arichards@shumaker.com</a>   <a href="#">bio</a></p>		

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SLK Operator:	April Richards-Parker	Date & Time Sent:	4/4/24	at:	3:53:23 PM
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**From:** Richards-Parker, April  
**Sent:** Thursday, April 04, 2024 3:52 PM  
**To:** 18506176380@xmedius.com  
**Cc:** Richards-Parker, April <arichards@shumaker.com>  
**Subject:** Registered Agent update for filing

Good Afternoon,

Please see the attached for filing. Please let me know if there are any questions.

Thank you,  
April

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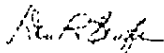
CHRISTALDI, RONALDBANK OF AMERICA PLAZA, SUITE 800TAMPA, FL 33602

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

Ronald A. Christaldi, Esq.Shumaker, Loop & Kendrick, LLPP.O. Box NOT acceptable101 East Kennedy Blvd., Suite 2800, Tampa, FL 33602

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.

Signature of an officer or directorDan R Stengle Chair, Board of DirectorsPrinted 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.*

Signature of Registered Agent04/04/2024Date

If signing on behalf of an entity:

Typed or Printed Name

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

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