## 741900

(Requestor's Name)
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: PARENT-CHILD CENTER, INC. Name of Corporation	, n =
DOCUMENT NUMBER: 746600	
The enclosed Statement of Change of Registered (	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
NATALIE O'HARA	
Name of Contact Person	<del></del>
HOUSING PARTNERSHIP INC	
Firm/Company	
2001 W BLUE HERON BLVD	
Address	
RIVIERA BEACH, FL 33404	
City/State and Zip Code	
NOHARA@CPSFL.ORG	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, ple	ease call:
NATALIE M O'HARA	at ( <sup>561</sup> ) <sup>841-3500</sup> Area Code & Daytime Telephone Numbe
Name of Contact Person	Area Code & Daytime Telephone Numbe

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

CR2E045 (04/13)

FOR CORPO	UKATIUNS		
statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flo ange is submitted for a corporation organized under the laws of the Sta fer to change its registered office or registered agent, or both, in the Stat	nte of FLORIDA	
1. The name of	the corporation: PARENT-CHILD CENTER, INC.		
2. The principal RIVIERA BEAC	Loffice address: 2001 W BLUE HERON BLVD		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: Document number		
	d street address of the current registered agent and registered office on f rtment of State: (If resigned, enter resigned)	ile with the	
	GREGORY DEMETRIADES (RESIGNED)		
	2001 W BLUE HERON BLVD		
	RIVIERA BEACH, FL 33404		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registere	ed office	2024 85
	NATALIE O'HARA		(53) (72)
	2001 W BLUE HERON BLVD		- 7
	P.O. Box NOT acceptable	<del></del>	
	RIVIERA BEACH, FL 33404		 زن
The street addre	ess of its registered office and the street address of the business office be identical.	of its registered a	igent.
Such change wa	as authorized by resolution duly adopted by its board of directors or be ne board, or the corporation has been notified in writing of the change	oy an officer so	
X J	re of an officer or director  Kt lly Power  Proved or typed name	e and tyle	
I hereby accept I further agree to of my duties, an document is bed corporation has	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position as regising filed merely to reflect a change in the registered office address, I is been notified in writing of this change.	,	nance if this at the
	alie O'Hara 5/08/202	24	
_	nature of Registered Agent Date		
	half of an entity:		
<u>Natali</u>	e O'Hara  yped 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)