

746729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

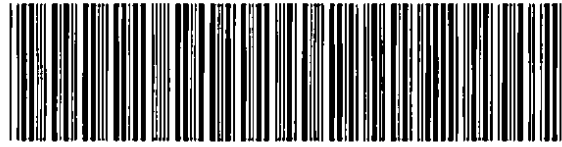
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TALLAHASSEE, FLORIDA

JAN 25 2019

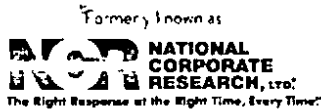
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COGENCYGLOBAL



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

Date: 1/24/18

Account#: I200000000088

Name: KEN HOWELL

Reference #: T014554

Entity Name: THE CHILDREN'S MUSEUM, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

ISSUES - CALL KEN @  
518-213-0738

Authorized Amount: \$35.00

Signature: [Signature]

**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 CHILDREN'S MUSEUM, INC.
2. The principal office address: 498 CRAWFORD BOULEVARD, BOCA RATON, FL 33432
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/12/1979 Document number: 746729
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)

OKRENT, ELLYN

200 N.E. 14TH STREET

BOCA RATON, FL 33432

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

COGENCY GLOBAL INC.

115 NORTH CALHOUN ST., SUITE 4

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

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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.

/s/ Marsha Lavender

Signature of an officer or director

Marsha Lavender, Chief Financial Officer

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

1/24/18

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 (03/12)