747853

(Requestor's Name)					
(Address)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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09/28/20--01013--028 **35.00



ja iokako

COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: The Florida Center for Early Childhood, Inc. Name of Corporation						
DOCUMENT NUMBER: 747853						
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:						
Charmian Miller						
Name of Contact Person						
The Florida Center for Early Childhood, Inc.						
Firm/Company						
4620 17th Street						
Address						
Sarasota, FL 34235						
City/State and Zip Code						
charmian.miller@thefloridacenter.org						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Charmian Miller at (941)371-8820, ext. 1069						
Charmian Miller at (941) 371-8820, ext. 1069 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

CR2E045 (04/13)

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

statement of ch	e provisions of sections 607.0502, 617.0. hange is submitted for a corporation org der to change its registered office or regi	anized under the laws of the State of $rac{F}{}$	lorida	uis 	
1. The name o	f the corporation: The Florida Center for I	Early Childhood, Inc.			
	al office address: 4620 17th Street, Saraso				-
3. The mailing	address (if different): same as above				-
4. Date of incorporation/qualification: 06/28/1979 Document number: 747853				<u>.</u>	_
	nd street address of the current registered artment of State: (If resigned, enter resigned)		1 the		
	Kathryn Shea (resigned)				
	4620 17th Street			20	
	Sarasota, FL 34235			20 SE	•
6. The name at (if changed)	nd street address of the new registered ag	gent (if changed) and /or registered offic	SSAHV.	020 SEP 28 A	
	Kristie Skoglund		in co in in	AM II: 3	Ę
	4620 17th Street		<u> </u>	<u>:</u>	
	P.O. I	Box NOT acceptable	1.1		
	Sarasota, FL 34235				
The street add as changed wi	ress of its registered office and the stree	et address of the business office of its	registere	ed agent	,
Such change v authorized by	was authorized by resolution duly adopt the board, or the corporation has been	ted by its board of directors or by an on otified in writing of the change.	fficer so	1	
Chair	rian Miller	Charmian Miller			
- 0	ture of an officer or director	Printed or typed name and title	:		
I further agree of my duties, a document is b	ot the appointment as registered agent of e to comply with the provisions of all st and I am familiar with and accept the of eing filed merely to reflect a change in as been notified injuriting of this chang	atutes relative to the proper and comp bligation of my position as registered the registered office address, I hereby	olete perj agent. (confirm	formand Or, if the that th	:e is e
Kan	tu Saruad	9/25/2020			
1/ 5	ignature of Registered AgeAr	Date			
If signing on b	oehalf of an entity:				
Kristie Skoglur	nd				
	Typed or Printed Name				

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