## 766042

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## TRANSMITTAL LETTER

SUBJECT: The Social Center

(Name of corporation)

DOCUMENT NUMBER: 766042

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:

Richard Ryals

(Name of person)

THE SOCIAL CENTER (Name of firm/company)

(Name of firm/company)

(City/state and zip code)

For further information concerning this matter, please call:

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

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(07/02)



## FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 17, 2003

THE SOCIAL CENTER, INC. % RICHARD RYALS 6318 ARLINGTON ROAD JACKSONVILLE, FL 32211

SUBJECT: THE SOCIAL CENTER, INC.

Ref. Number: 766042

We have received your document for THE SOCIAL CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Document Specialist

Letter Number: 803A00010389

Juse area

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

Pursuant to the	e provisions of sections 607.0502,	617.0502, 607.1508, or 617.1508, Flo	orida Statutes,
this statement of	of change is submitted for a corpora	ation organized under the laws of the St	ate of
0f /-)1	in order to change its regis	stered office or registered agent, or bot	h, in the State
of Florida. 1			
1. The name of	the corporation: The Social Center	·	
2. The principal	l office address: 6318 Arlington Rd.	·	
Jax. Fl. 322	11		
3. The mailing	address (if different): 6308 Arlingto	on Rd.	
_57	X FLA 322)	/	
4. Date of incor	poration/qualification: 12/08/198	Document number: 7660	42
	d street address of the current regisurtment of State:	tered agent and registered office on file	with the
	alice fisher		
	6318 Arlington Rd.		<u> </u>
	Jax. Fl. 32211		LARE B
6. The name and changed):	nd street address of the new regis	stered agent (if changed) and /or regist	ered prince dif
<b>3</b> -3,-	Richard Ryals		mg ⊋
6301	-8968 Arlington Rd/		LOR STATI
(P.O. Box or personal mailbox NOT acceptable)  Jacksonville Fl. 32211			
	Jacksontvine Ft. 32211		
The street addragent, as chang	ress of its registered office and the ged will be identical.	street address of the business office of	its registered
Such change w authorized by t	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by a een notified in writing of the change.	n officer so
- Win	Austres	alice fisher P/D	
	r, chairman or vice chairman of the board)	(Printed or typed name and title)	
I hereby accept I further agree performance of registered ager office address,	to comply with the provisions of a form of a comply with the provisions of a form of a complex with the form of the complex that the form of the confirm that the form of a complex that the form of the confirm that the form of a confirm that the form of a confirm that the form of the confirm that the confirmation is the confirmation that the confirmation is the	ent and agree to act in this capacity. ill statutes relative to the proper and co and accept the obligation of my positi led merely to reflect a change in the re tion has been notified in writing of this	omplete on as gistered change.
> Jank	Signature of Registered Agont	02/01/2003	
If signing on beha	- 77	(Date)	
alice hughes fis	-	PD	
	Typed or Printed Name)	(Capacity)	

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

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314