MFORMED FAMILIES OF DADE COUNTY 2400 CORAL WAY STE 301 MAMI FL 33145 City/State/Zip Phone

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S)	(if known):
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1	(Corporation Name)	Доси	ment #)
2	(Corporation Name)	•	ment #)
3	(Corporation Name)	(Досц	ment #)
4	(Corporation Name)	(Docu	ment #)
☐ Walk in	Pick up time		Certified Copy
Mail out	☐ Will wait	Photocopy	Certificate of Status

NEW FILINGS		
	Profit	
	NonProfit	
	Limited Liability	
	Domestication	
	Other	

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
W	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

0000026323402 -09/04/9801086006
*****35.00 *****35.00

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/-QUALIFICATION-
Foreign
Limited Partnership
Reinstatement
Trademark
 Other



Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: ___Informed Families of Dade County, Inc. 1b. The mailing address of the corporation is: 2490 Coral Way, #301 Miami, FL 33145-3449 766270 Document number: _ 12/23/82 1c. Date of incorporation:____ The name and address of the current registered agent and office: President Peggy B. Sapp 2490 Coral Way, #301 Miami, FL 33145-3449 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) ထု 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. August 14, 1998 (Date) (Signature of an officer, chairman or vice chairman of the board) Peggy B. Sapp, President (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, I herebyaccept 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. August 14, 1998 (Date) (Signature of Registered Agent) If signing on behalf of an entity: Presiden: Peggy B. Sapp (Capacity) (Typed or Printed Name)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045(11/94)

FILING FEE: \$35.00