

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092

Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:				

## REGISTERED AGENT CHANGE NATIONAL CHILD SAFETY COUNCIL

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

18 2/12 CM

## **COVER LETTER**

TO: Amendment Division of C	Section Corporations	
SUBJECT:	National Child Safe	zty Council
<u> </u>	Name of C	orporation
DOCUMENT NUM	BER:	813977
The enclosed Statem	ent of Change of Registered Office	e/Agent and five are submitted for filing.
	espondence concerning this matter	<del>-</del>
<del></del>	Name of Cor	ntact Person
	•	•
****		
	Firm/Co	mpany
•		
_	Adda	7650
_	City/State an	d Zip Code
	dmnelson@	nfed.org
<u>—</u> <u>ē</u> .		nure annual report notification)
	****** (10 00 H-01 00 10	,
T 6	on concerning this matter, please c	-17-
For identify information	or concerning and distres, blease or	al.
		_at (
Name	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 c	sheek made payable to the Departs	ment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

CR2E045 (\$/05)

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

statement of	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stat change is submitted for a corporation organized under the laws of the State of $\underline{M}$ rder to change its registered office or registered agent, or both, in the State of Flori	T
	of the corporation: NATIONAL CHILD SAFETY COUNCIL	aa.
The name     The princip	of the corporation:  pal office address: 4065 PAGE AVE., JACKSON MI 49204	
3. The mailin	g address (if different): P. O. BOX 1368, JACKSON MI 49204	
4. Date of inc	orporation/qualification: 10/22/1959 Document number:	813977
	and street address of the current registered agent and registered office on file with the parament of State: (If resigned, enter resigned)	**************************************
	NATIONAL CORPORATE RESEARCH, LTD., INC.	
	515 BAST PARK AVB. RD	FEB.
	TALLAHASSEE PL 32301	<u> </u>
6. The name a (if changed	nd street address of the new registered agent (if changed) and /or registered office );	AM IO:
	C T Corporation System	
	c/o C T Corporation System, 1200 South Pine Island Road	
	P.O. Bax NOT acceptable	
	Plantation, Florida 33324	•
The street add	ress of its registered office and the street address of the business office of its reg ill be identical.	gistered agent,
Such change vauthorized by	was authorized by recolution duly adopted by its board of directors or by an offi the board, or the corporation has been notified in writing of the change.	cer so
Kel	ecca Sarff Rebocus Bartin, Socretary	
,	Trinled of typed name and tale  of the appointment as registered agent and agree to act in this capacity.  It to comply with the provisions of all statutes relative to the proper and complet  and I am familiar with and accept the obligation of my position as registered age  sing filed merely to reflect a change in the registered office address, I hereby co  as been notified in writing of this change.	te performance ent. Or, if this infirm that the
	COOM System COOM Company COOM COOM COOM COOM COOM COOM COOM COO	·
If signing on b	chalf of an entity: Kelly Snedden	
	Asst. Secretary	
	Typed or Printed Namo	
	* * * FILING FEE: \$38.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

PLOOF - 07/23/2009 CT System Onlike

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