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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (361)694-8107

Fax Number

: (561)694-1639

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

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## REGISTERED AGENT CHANGE NATIONAL CHILD SAFETY COUNCIL

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

1. The name of	f the corporation is: National C	hild Safety Cou	ncil		
2. The principa	al office address: 4065 PAGE /	AVE.			
JACKSON	MI 49204				
3. The mailing	address (if different): P.O.B	OX 1368			
JACKSON	MI 49204				
4. Date of inco	orporation/qualification: 10	0/22/1959	Document Number:	81397	7
	nd street address of the current eartment of State:	registered agent	and registered office or	ı file with t	:he
	CORPORATION SERVICE COM	MPANY		<del></del>	
	1201 HAYS STREET				
б. The name a (if changed)	TALLAHASSEE FL 32301-252 nd street address of the new reg ):	5 gistered agent (if	changed) and for regist	ered office	<b>;</b>
	Corporate Creations Networ	k Inc.			
	11380 Prosperity Farms Ro	nd #221E Not acceptable)			
	Palm Beach Gardens FL 33	•			
	iress of its registered office an		lress of the business of	fice of its	registered
Such change authorized by	was authorized by resolution the board, or the corporation has	duly adopted by as been notified	y its board of directors in writing of the change	or by an	officer so
	nature of an officer or director)	<u>_by J</u>	essica Morales as attorney-in (Printed or Typed name	1-fact	
I hereby accept further agree performance agent Or, if it	of the appointment as registered to comply with the provisi of my duties, and I am familiar this document is being filed mo that the corporation has been	ions of all state with and accept erely to reflect a	e to act in this capacity utes relative to the pro the obligation of my po a change in the register	oper and e sition as re	egistered
$\Delta L$			02/04/201	l <b>6</b>	
•	nature of Registered Agent)		(Date)		
If signing on b	ochalf of an entity:				
	Morales, Special Secretary		wast.	K 53	
(1)	(ped of Printed Name)  MAKE CHECKS PAY  MAIL TO: DIVISION OF CORPO	ABLETO FLORI DRATIONS, P.O.	DA DEPARTMENT OF ST BOX 6327, TALLAHASS	SEE EL:32	314==
Corporate Cr	eations International Inc.		ىن ش		
11380 Prosp	erity Farms Road #221E Gardens FL 33410		רי רי רי	A D.	
			t	or o	