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## **COVER LETTER**

10:	Amendment Section Division of Corporations	
SUBJE	ECT: Society of Pediatric Nurses, Inc.	poration)
DOCI	JMENT NUMBER: F0100000860	
	iclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing
	return all correspondence concerning this matter to	
		s the rollowing.
	Jon A. Dancy	
	(Name of Conta	act Person)
	Society of Pediatric Nurses, Inc. (Firm/Com	nany)
	(Filin/Com	pany)
	7794 Grow Drive	
	(Addres	es)
	Pensacola, FL 32514 (City/State and	Zin Code)
East Cont	* *	•
ror turt	ther information concerning this matter, please cal	ı:
Jon A.	. Dancy	at (850 ) 494-9467 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclose	ed is a \$35.00 check made payable to the Departme	ent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

Tallahassee, FL 32301

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

statement of chang	ovisions of sections 6 ge is submitted for a c	orporation organiz	ed under the laws o	fthe State of De	laware	<u> </u>	_
	to change its registere		-	the State of Flori	ida.		
1. The name of the	corporation: Society	of Pediatric Nurse	es, Inc.		स्र	_	
2. The principal of	fice address: 7794 G	row Drive, Pensac	ola, FL 32514			06	
						١	70
3. The mailing add	lress (if different):				25. (S.S.)	2:	=
					<del>1</del>		m
4. Date of incorpor	ration/qualification: 2	/9/2001	Document num	per: F01000000		€_ <del>ड</del>	<del>0</del>
5. The name and si Florida Departm	treet address of the cu nent of State:	rrent registered age	ent and registered of	ice on file with	e i	24	
<u> </u>	uetz, Belinda E.						
<u>7</u>	794 Grow Drive	. <del></del>					
<u>F</u>	Pensacola, FL 32	514	- <del></del>				
6. The name and si (if changed):	treet address of the ne	w registered agent	(if changed) and /or	registered office			
<u>J</u>	on A. Dancy	<del></del>					
7	794 Grow Drive						
	(P.O	. Box NOT acceptable)					
<u> </u>	ensacola, FL 32	2514					
The street address as changed will be	of its registered office identical.	ce and the street a	ddress of the busine	ss office of its re	gistered	i ager	ıt,
Such change was authorized by the	authorized by resolut board, or the corpora	tion duly adopted tion has been noti	by its board of directified in writing of th	tors or by an off e change.	icer so		
(Signature	of an officer or director)	5		typed name and title)			-
I hereby accept the I further agree to of my duties, and I document is being corporation has be	e appointment as reg comply with the prov I am familiar with an filed merely to refle een notified in writh	ristered agent and isions of all statut d accept the oblig ct a change in the g of this change.	agree to act in this es relative to the pr ation of my position registered office ad	capacity. oper and comple as registered as dress, I hereby c	te perfo zent. O onfirm	orman r, if th that ti	ice his he
50		cy_	June 20, 2006	/S			-
If signing on beha	lure of Registered Agent)			(Date)			
Jon A. Dancy							
	ed or Printed Name)						

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

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