

JUL 18 2016  
ALBRITTON

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Central Programs Inc.

Name of Corporation

**DOCUMENT NUMBER:** F01000006594

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:

Amber Hoyle

Name of Contact Person

Central Programs Inc.

Firm/Company

PO Box 505

Address

Bethany, MO 64424

City/State and Zip Code

amber@gumdropbooks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Hoyle

Name of Contact Person

at (660) 425-3909

Area Code & Daytime Telephone Number

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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, this statement of change is submitted for a corporation organized under the laws of the State of Missouri \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Central Programs Inc.
2. The principal office address: 802 N 41st Street, Bethany, MO 64424
3. The mailing address (if different): PO Box 505, Bethany, MO 64424
4. Date of incorporation/qualification: 9/8/1975 Document number: F01000006594
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jeff Fitzgerald

17888 67th Court North

Loxahatchee, FL 33470

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

InCorp Services, Inc.

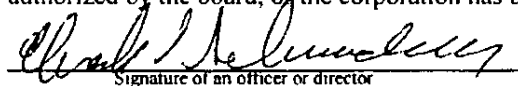
17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

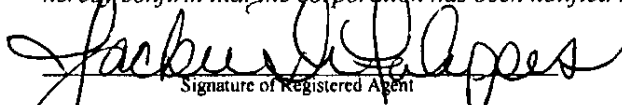
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Charles T. Schnieders, Treasurer

Printed or typed name and title

*I hereby accept 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

6/24/14  
Date

If signing on behalf of an entity:

Jackie DeFilippis on behalf of InCorp Services, Inc.

Typed or Printed Name

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

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

FILED  
2016 JUL 11 PM 12:35  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE