

F 11 00000 2868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

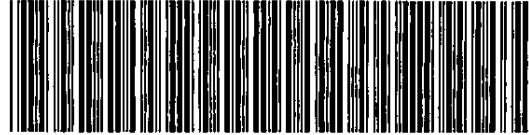
(Business Entity Name)

(Document Number)

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C. CARROLL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LIFELINK CHARITIES

Name of Corporation

DOCUMENT NUMBER: F11000002868

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:

ANNE M OLIVA

Name of Contact Person

CONSECRA HOUSING NETWORK

Firm/Company

1900 SPRING RD STE 300

Address

OAK BROOK IL 60523

City/State and Zip Code

aoliva@consecra.org

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

For further information concerning this matter, please call:

Anne M. Oliva

Name of Contact Person

at (**630**) **521-8701**

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 Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LIFELINK CHARITIES
2. The principal office address: 1900 SPRING RD STE 300
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/5/2010 Document number: F11000002868
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)

ADAMS GARY

525 E SADIE

BRANDON FL 33510

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

GARY ADAMS

525 E SADIE ST

P.O. Box NOT acceptable

BRANDON FL 33510

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

Susan A. Sinderson, VP/COO

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

10-23-15

Date

If signing on behalf of an entity:

GARY ADAMS
Typed or Printed Name

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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