F15000001300

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-JP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 4/15/2021

PRIORITY Regular Approval

OUR REF # (Order ID#) 907268

ORDER ENTITY

CAYUGA HOME FOR CHILDREN, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

CAYUGA HOME FOR CHILDREN, INC. (FL)

File the attached change of agent document

NOTES:

\$35.00 Authorized

Email address for annual report reminders: nonprofit@harborcompliance.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, April 15, 2021 Page 1 of 1

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

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organic	zed under the laws of the State of NEW YORK	
in order to change its registered office or register	·	
1. The name of the corporation: CAYUGA HOME FOR C		
2. The principal office address: 101 Hamilton Avenue, Aub	urn. NY 13021	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 03/24/2015	Document number: F15000001300	
5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned	gent and registered office on file with the J)	
GRIFFITHS & SMITHERMAN, P.L.		
804 N. OLIVER AVENUE, FIRST FLOOR		
WEST PALM BEACH, FL 33401		
6. The name and street address of the new registered agent (if changed):	t (if changed) and /or registered office	
Registered Agents Inc.		
7901 4th St N STE 300	8: 3 8: 3	
P.O. Box St. Petersburg FL 33702	NOT acceptable	
The street address of its registered office and the street a as changed will be identical.	address of the business office of its registered agent,	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so iffice in writing of the change.	
Signature of an officed or director	Edward My is Hayes, President & CE	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all status of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
But Signature of Registered Agent	04/13/2021	
If signing on behalf of an entity:	Date	
Bill Havre		

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

Typed or Printed Name