

F210000003427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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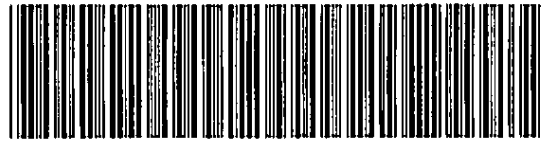
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

RA Change

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Thompson Child & Family Focus
Name of Corporation

DOCUMENT NUMBER: F21000003427

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:

Andrea Smith

Name of Contact Person

Thompson Child & Family Focus

Firm/Company

6800 St. Peter's Lane

Address

Matthews, NC 28105

City/State and Zip Code

asmith@thompsoncoff.org

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

For further information concerning this matter, please call:

Andrea Smith

at (

704

) 301-8965

Name of Contact Person

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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

1. The name of the corporation: Thompson Child & Family Focus
2. The principal office address: 6800 St. Peters Lane Matthews, NC 28105
3. The mailing address (if different): _____
4. Date of incorporation/qualification: March 7, 1887 Document number: F21000003427
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)

Resigned

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

Cecilia Haag

3206 Parkside Center Circle

P.O. Box NO1 acceptable

Tampa, FL 33619

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.

Andrea Smith
Signature of an officer or director

Andrea Smith, Chief Administrative Officer
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]
Signature of Registered Agent

12/02/2022

Date

If signing on behalf of an entity:

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

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