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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (614)280-3338 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		
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REGISTERED AGENT CHANGE CHAPIN HALL CENTER FOR CHILDREN, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statute anized under the laws of the State of <mark>Minois</mark> stered agent, or both, in the State of Florida		_
1. The name of	the corporation: CHAPIN HALL CENT	ER FOR CHILDREN		
2. The principal CHICAGO, IL.	office address: 1313 E. 60TH STREET			_
		Document number: F23000001154		
5. The name and		l agent and registered office on file with the		
	CORPORATION SERVICE COMPAN	Y		
	1201 HAYS STREET			
	TALLAHASSEE, FL 32301-2525	() ()	202	
6. The name and (if changed):	d street address of the new registered ag	tent (if changed) and /or registered office	2024 HAY -9	. EE
	C T Corporation System	ASS.		
	1200 South Pine Island Road	Entra Entra	AM 8:	
	P.O. E Plantation, Florida 33324	Sox NOT acceptable	23	
The street address changed will	ess of its registered office and the stree	et address of the business office of its regis	stered ago	ent,
Such change wa	as authorized by resolution duly adopt	ed by its board of directors or by an office notified in writing of the change.		
Joanne Pearlr	Dignally signed by Joanne 10 20 Pestiman - Date: 2024 05:09 10:03:13 -05:00	Joanne Pearlman, Chief Financial Officer	/Treasure	r
-	re of an officer or director	Printed or typed name and title		
I hereby accept I further agree of of my duties, an document is bei corporation has CT Corporation	the appointment as registered agent of to comply with the provisions of all suid I am familiar with and accept the of ing filed merely to reflect a change in so been notified in writing of this chang	ind agree to act in this capacity. atutes relative to the proper and complete bligation of my position as registered agen the registered office address, I hereby con te.	performa it. Or, if firm that	ince this the
e i corporado	To the same of the	5/8/2024		
Sig	mature of Registered Agent	Date		_
If signing on be	chalf of an entity:			
David Westcott				
T	yped or Printed Name			
	* * * FILING I	TEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: