

Fa4 000004347

Division of Corporations

Florida Department of State

 Division of Corporations
 Electronic Filing Cover Sheet

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Division of Corporations
 Fax Number : (850)617-6380

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Account Name : BUSINESS FILINGS
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 TALLAHASSEE, FL

REGISTERED AGENT CHANGE
EAST COAST MIGRANT HEAD START PROJECT, INC.

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

1. The name of the corporation: EAST COAST MIGRANT HEAD START PROJECT, INC.
2. The principal office address: 2301 Sugar Bush Road Suite 400, Raleigh, North Carolina 27612
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/22/1994 Document number: F94000004347
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)

C T CORPORATION SYSTEM1200 South Pine Island RoadPlantation, Florida 33324

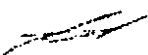
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Business Filings Incorporated1200 South Pine Island RoadP.O. Box NOT acceptablePlantation, Florida 33324

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

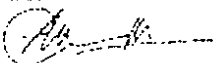
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



 Signature of an officer or director

David Conde, President_____
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

November 2, 2023_____
Date

If signing on behalf of an entity:

Chris Das, AVP_____
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
 CR2E015 (01/13)

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