F94	1000005740
Motz, Hause Husband Requester's Name	
3/8   Montoe St	SEGRELAHASSEE,
CORPORATION NAME(S) & DOCUM	Office Use Only
1. (Corporation Name)	(Document #)
2(Corporation Name)	50003310496—-3 -07/03/0001003004 *****35.00_*****35.00
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy _
	Photocopy  Certificate of Status
NEW FILINGS	AMENDMENTS 30 TO
Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	□ Foreign □ Limited Partnership

CR2E031(7/97)

Examiner's Initials

## 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, the undersigned corporation organized under the laws of the State of DELAU ARE submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.  Correctional Services Corporation  1. The name of the corporation is:	
2. The mailing address of the corporation is: 1819 Main Street, Suite 1000	
Sarasota, FL 34236	
3. Date of incorporation/qualification: 11/04/94 Document number: F94000005740	
4. The name and address of the current registered agent and office:  Stephen W. Metz	
215 S. Monroe Street, Suite 701	7
Tallahassee, FL 32302-1876	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	7
Stephen W. Metz / SA ω	و
318 N. Monroe Street	
Tallahassoe, FI. 32301  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.  (Signature of an officer, chairman of the board)  (Date)	
TRA Cotter Chief Financial Offices  (Printed or typed name and title)  Having been named as registered agent and to accept service of process for the above stated corporation, 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.	
(Signature of Depistered Agent) (Date)	<u>.</u>
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	
CR2E045(7/97)	

DIVISION OF CORPORATIONS

P.O. Box 6327

Tallahassee, FL 32314