F99000003687

Document Number Only

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

DATE:_	61	4	
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50003278245--5 -06/06/00--01056--014 **Corporation(s) Name** *****35.00 ******35.00

Shoemaker's Chri	stian Homes for	Children ?
- Hdolescent	s, Inc.	
/) To (**/		M o ES
()Profit ()Nonprofit	()Amendment	()Merger 3
()Foreign ()LLC	()Dissolution ()Withdrawal	()Mark
()Limited Partnership	()UBR	()Other
()Reinstatement	()Fititious Name	Ch. RA
()UCC () 1 or () 3		
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Carol Clark

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· In

Florida Department of State, Jim Smith, Secretary of State

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

FIG	suant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, rida Statutes, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office egistered agent, or both, in the State of Florida.
	The name of the corporation is: Sheamaker's Christian Homes For Children and Adolescents.
1b.	Date of incorporation 7/14/99 Document number F99000003687
2.	The name and address of the current registered agent and of Franklin E. Shoemaker, 1106 New York Ave., St. Cloud II 34769
3. 7	he name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM
ري	O C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324
Suc	street address of its registered agent and the street address of the business office is registered agent as changed will be identical. In change was authorized by resolution duly adopted by its board of directors or by authorized by the board. Tranklin E Shoemaker CEO Typed or printed name and title
N T VGE VITI VLE	ING BEEN NAMED AS REGISTERED AGEN I AND TO ACCEPT SERVICE OF CESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED NT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY I THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT OBLIGATION OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE BY: CT CORPORATION SYSTEM
	DATE 5-24-00 Registered Agent BABARA A. BURKE

Division of Corporations, P.O. Box 6327, Taliahassee, FL 32314

CR2E045 (7-91) (FIA. - 2194 - 2/1/02)

NG FEE; \$35.00