

# 561219

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE  
CHILD SAFETY SHELTERS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

As CM  
10/7/11

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Child Safety Shelters, Inc.  
Name of Corporation

DOCUMENT NUMBER: J61219

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:

Liz Gayford  
Name of Contact Person

Child Safety Shelters, Inc.  
Firm/Company

2402 Stouffville Road, Box 245  
Address

Gormley, Ontario, Canada L0H 1G0  
City/State and Zip Code

lizgayford@creativeoutdoor.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liz Gayford at ( 800 ) 661-6088 X 302  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2E045 (8/05)

**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: Child Safety Shelters, Inc.
2. The principal office address: 1930 COMMERCE LANE, SUITE 1, JUPITER, FL 33458
3. The mailing address (if different): 2402 STOUFFVILLE RD. P O BOX 245, GORMLEY ON L0H 1-GO

4. Date of incorporation/qualification: 03/05/1987 Document number: J612

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)

GETTIS E GARNER, V.P.

1734 HOWELL WILLIAMS RD

BONIFAY FL 32425

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

E. Gayford  
Signature of an officer or director

Liz Gayford, CFO

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.

By: C T Corporation System  
Connie Bryan  
Signature of Registered Agent

10/05/2011  
Date

If signing on behalf of an entity:

Connie Bryan  
Typed or Printed Name

Connie Bryan  
Assistant Secretary

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR21045 (8/05)