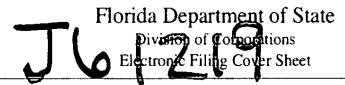
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

~ Email Address:\_

## REGISTERED AGENT CHANGE CHILD SAFETY SHELTERS, INC.

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A. BUTLER

JUL 2-1-2022

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

1. The name of	the corporation is: CHILD:	SAFETY SHE	TERS, INC.		
2. The principal	office address: 8875 Hidde	n River Parkwa	y, SUITE 300		
Tampa FL 3	3637				
3. The mailing a	address (if different): 2402	STOUFFVILL	E RD. P O BOX 245		
	ON LOH 1-GO CD				
4. Date of incor	poration/qualification:	3/5/1987	Document Number:_	J61219	
5. The name and	d street address of the curren		ent and registered office	on file with the	e
Florida Depa	rtment of State:			202 SE	
	CT CORPORATION SYSTEM			70 <b>2</b>	·
	1200 SOUTH PINE ISLA	ND KOAD _		<u> </u>	ي ا 172ء من
6. The name and	PLANTATION FL 33324 I street address of the new r	egistered agent	(if changed) and /or reg	istered office	,
(if changed):				SSE T	
	Corporate Creations Netw	ork Inc.			
	801 US Highway 1	ox Not acceptable)	<u></u>	<u> </u>	
	North Palm Beach FL 33	-		. E	
	ess of its registered office ed will be identical.	and the street	address of the business	office of its re	gisterec
	as authorized by resolution board, or the corporation				fficer sc
266 28			Nicholas Nichols, Attorney-in-Fact (Printed or Typed name and title)		
	ure of an officer or director)				
I further agree performance of agent. Or, if th hereby confirm	the appointment as register to comply with the prove my duties, and I am familia is document is being filed t that the corporation has be	isions of all si r with and acco merely to reflec	atutes relative to the population of my per the obligation of my per the register.	proper and co position as reg	istered
•	16 x8		7/26/2022		
-	ture of Registered Agent)		(Dai	c)	
	half of an entity:				
	ichols, Special Secretary				
(тур				Con . ma	
!	MAKE CHECKS PA MAIL TO: DIVISION OF COR		prida Department of O. Box 6327, Tallaha		4
801 US Highw North Palm Be	ach FL 33408	nc.			
(561) 694-810	7				