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15 APR -8 PH 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX

COVER LETTER

TO:

Registration Section

Divi	sion of Corporations						
SUBJECT:	Centennial Holdings (North Central), LLC						
	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.				
Please return	all correspondence concerning th	is matter to the fo	llowing:				
Frank D. 0	Gonzalez, Esq.						
	Name of Person	11 11000	-				
The Child	ren's Home Society of Florida	a					
	Firm/Company		-				
1485 S. S	emoran Blvd., Ste. 1448						
	Address		-				
Winter Pa	rk, FL 32792						
	City/State and Zip Code		-				
frank.gonz	zalez@chsfl.org						
E-mail	address: (to be used for future ann	ual report notifica	ation)				
For further in	nformation concerning this matter,	please call:					
Frank D. C	Gonzalez, Esq.	321 at (397-0047				
	Name of Person		Area Code & Daytime Telephone Number				
Regi Divi Clift 2661	EET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regis Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:							
2 \$2	25 Filing Fee	□ \$55	Filing Fee & Certified Copy				
INHS18 (2/14	()						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: Centennial H	oldin	gs (North C	entral), LLC
2. (a)	Centennial Holdings (North Central), LLC		(b)	Centen	nial Holdings (North Central), LLC
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1485 S. Semoran Blvd., Ste. 1448			1485 S.	Semoran Blvd., Ste. 1448
	Winter Park, FL 32792			Winter f	Park, FL 32792
	June 22, 2006		L	.060000	64346
3.	Date of filing/registration in Florida	4.		, <u>, , , , , , , , , , , , , , , , , , </u>	Document number
5. (a)	AM & E Services, LLC				
	Registered Agent and Registered Office shown on the records of the Registered Office Address P.O. Box 2967			pept. of Stat	e: -
	Orlando	3280	2-2	967	SEC.
(b)	Enter name of NEW Registered Agent and/or NEW Registered Of The Children's Home Society of Florida			ess:	FILED APR -8 PM 4: CRETARY OF STA LAHMSSEE, FLORE
	NEW Registered Office Address:				RDJ.
	1485 S. Semoran Blvd., Ste. 1448			** *	-
	Winter Park, FL	3279	2		
the cha agent v was/we the arti Signa I herel provisi the obli to mere motified	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member of a member of accept the appointment as registered agent and agreement of all statutes relative to the proper and complete pigations of my position as registered agent as provided it in writing of this change.	the reg bility f the li limited M ee to a perforn for in ereby	giste com mittal lia icha icha cct ir man ich con	ered office pany, it is ed liability bility com ael J. Sh a this cape ce of my c apter 605 firm that i	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany. Printed or typed name of signee activ. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
	Division of Corporations • P.O. B FILING FE				see, FL 32314