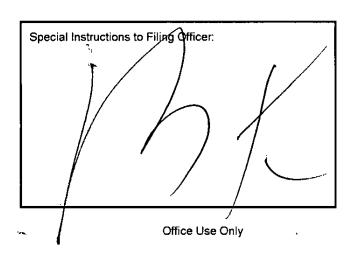
L06000121618

	(Requestor's Name)	
	(Address)	
	•	
•		
	(Address)	
	(City/State/Zip/Phone #)	
	(City/State/Zip/Phone #)	
PICK-U	P	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	





600082725716

01/03/07--01002--010 **50.00

OT JAN - 2 AM 8: 48
OT JAN - 2 AM 8: 48
OT JAN - 2 AM 8: 48

TO ACHION LEDGE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Child's Building, LLC (Name of Limited Liability C	ompany)
The enclosed member, managing member or manager res filing.	ignation and fee(s) are submitted for
Please return all correspondence concerning this matter to	PACE OF THE
Charles R. Gardner	Pr Z
(Contact Person)	ASSE
Gardner Law Firm	
(Firm/Company)	A SEE. FLORE
1300 Thomaswood Drive	DT P
(Address)	·
	·
Tallahassee, FL 32308	
(City/State and Zip Code)	_
For further information concerning this matter, please cal	l :
Chris Bischoff at (805	
	le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida x \$25 Filing Fee	Department of State for:]\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	•

CR2E079 (5/06)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Childs Building, LLC
2. The mailing address of the limited liability company is: 1331 East Sixth Avenue
Tallahassee, FL 32303
12/22/2006 L06000121618
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Charles R. Gardner Name
1300 Thomaswood Drive
Address
Tallahassee, FL 32308 City, State and Zip
6. The name and address of the new registered agent and/or office:
Paula S. Fortunas
Name
1331 East Sixth Avenue
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32303
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Tallahassee Memorial Healthcare Foundation, Inc. By Fully 10 a first the change of the state of Florida, it is hereby confirmed that after the change of the registered office and the case of a Florida limited liability company. Tallahassee Memorial Healthcare Foundation, Inc.
(Signature of a member or authorized representative of a member) Paula S. Fortunas, President
Doulo C. Fowhunge
Paula S. Fortunas (Printed or typed name of signee)
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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00