## L19000165298

| (Requestor's Name)                      |        |      |  |  |  |  |
|---|--------|------|--|--|--|--|
| (Address)                               |        |      |  |  |  |  |
| (Address)                               |        |      |  |  |  |  |
| (City/State/Zip/Phone #)                |        |      |  |  |  |  |
| PICK-UP                                 | ☐ WAIT | MAIL |  |  |  |  |
| (Business Entity Name)                  |        |      |  |  |  |  |
| (Document Number)                       |        |      |  |  |  |  |
| Certified Copies Certificates of Status |        |      |  |  |  |  |
| Special Instructions to Filing Officer: |        |      |  |  |  |  |
|   |        |      |  |  |  |  |
|   |        |      |  |  |  |  |
|   |        |      |  |  |  |  |

Office Use Only



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## COVER LETTER

| TO: Registration Section Division of Corporations  |                            | •  |             |  |
|--|----------------------------|--|-------------|--|
| SUBJECT: CHILDHOOD&HOME LL   |                            |  | <del></del> |  |
|  | Name of Limited I          | Liability Company  |             |  |
| Dear Sir or Madam:   |                            |  |             |  |
| The enclosed Registered Agent/Registe  | ered Office Change and     | fee(s) are submitted for filing.   |             |  |
| Please return all correspondence conce   | rning this matter to the   | following:   |             |  |
| LAUREN NOLAN   |                            |  |             |  |
| Name of Perso  | on                         |  |             |  |
| CHILDHOOD&HOME LLC   |                            |  |             |  |
| Firm/Company   | y                          |  |             |  |
| 285 UPTOWN BLVD APT 255  |                            |  | SEOR        |  |
| Address  |                            |  |             |  |
| ALTAMONTE SPRINGS, FL 32701  |                            |  | RY C        |  |
| City/State and Zip   |                            |  |             |  |
| LAUREN.NOLAN@CHILDHOODANDI   | NOLAN@CHILDHOODANDHOME.COM |  |             |  |
| E-mail address: (to be used for fu   | ture annual report noti    | fication)  |             |  |
| For further information concerning this  | s matter, please call:     |  |             |  |
| LAUREN NOLAN   | 231<br>at (                | 903-8936   |             |  |
| Name of Person   |                            | Area Code & Daytime Telephone Nur  | nber        |  |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                            | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |             |  |
| Enclosed is a check for the fo   | ollowing amount:           |  |             |  |
| ■ \$25 Filing Fee  |                            | 555 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:CHILDHOOD&F  | HOME  | LLC _  |   |   |
|--|---|---|--|---|---|
| 2. (a)   | 285 UPTOWN BLVD APT 255   |   | (b)  | 5 UPTOWN BLVD APT   | 255   |
| 2. (a)   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |   | (")  | _   | imited liability company: POST OFFICE BOX)  |
|  | ALTAMONTE SPRINGS FL 32701  |   | AL <sup>1</sup>                                      | TAMONTE SPRINGS F   | FL 32701  |
|  | 06/24/2019  |   | L190   | 000165298   |   |
| 3.   | Date of filing/registration in Florida  | -<br>4.   | -  | Document numb   | ber   |
|  | FLORIDA REGISTERD AGENT LLC   |   |  |   |   |
| 5. (a)   | Registered Agent and Registered Office shown on the records of  | the Flor  | ida Dept   | , of State:   |   |
|  | 7901 4th Street N, Suite 300 St. Petersburg, FL 3370  | 02  |  |   |   |
|  | Registered Office Address (MUST BE FLORIDA STREET   | ADDRE   | <u>(SS)</u>  |   | S 28  |
|  |   |   |  |   | 2020 JUN 26<br>SECRETAR<br>SECRETAR   |
|  | , FI  |   |  |   |   |
|  | LAUREN NOLAN  |   |  |   |   |
| (b)  | Enter name of NEW Registered Agent and/or NEW Registered  | d Office  | address  | •   | SEE PH 5  |
|  | Enter hand of heavy registered against the second   |   |  | •   | での 5<br>12型 2   |
|  | 285 UPTOWN BLVD   |   |  |   | 171   |
|  | NEW Registered Office Address:  |   |  |   |   |
|  | APT 255   |   |  |   |   |
|  | ALTAMONTE SPRINGS , FI  | 32701   | l  |   |   |
| change<br>agent<br>was/w<br>the art              | limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the way of a member or authorized representative of a member | e registe<br>ability<br>of the l<br>limited<br>La | ered off<br>compar<br>imited<br>d liabili<br>auren N | fice and the business of<br>ny, it is hereby confirm<br>liability company or as<br>ity company.<br>lolan  Printed or typed no | ffice of the registered hed that the change(s) sotherwise provided in ame of signee |
| I nere<br>provis<br>the ob-<br>to mer<br>notifie | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It d'in writing of this change.   | ree to a<br>perfor<br>ed for in<br>hereby         | mance<br>n Chapi<br>confiri                          | of my duties, and I am<br>of my duties, and I am<br>ter 605, F.S. Or. if this<br>in that the limited liabil                   | familiar with and accept document is being filed lity company has been              |
| Signati  | ire of Registered Agent   |   |  |   |   |