## N00000003477



## JUVENILE WELFARE BOARD

## OF PINELLAS COUNTY

6698 68th Ave. N, Suite A Pinellas Park, FL 33781-5060

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S), (if known	own):

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Limited Liability	☐ Resignation of R.A., Officer/Director, ☐ Change of Registered Agent ☐ Dissolution/Withdrawal
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☐ Other	<b>□</b> Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
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	Trademark
	Other

**Examiner's Initials** 

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## 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, the undersigned corporation organized under the laws of the State ofFlorida	
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 corporation is: The Pinellas Country School Readiness Coalition, Inc.	
2. The mailing address of the corporation is: 6698 68 Avenue North, Pinellas Park, FT, 33781-506	0
3. Date of incorporation/qualification: May 30, 2000 Document number: N00000003477	_* 
4. The name and address of the current registered agent and office:	<del></del>
Tracie White	
6698 68th Avenue North	
Pinellas Park, FL 33781-5060	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable	
Winston Croft	
6698 68th Avenue North	۵
Pinellas Park, FL 33781-5060	
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.	
(Signature of an officer, chairman or vice chairman of the board)  (Date)	
(Printed or typed name and title)	
Having heen named as recistored as reliable to	
corporation, 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.	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Winston Croft Executive Director	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	
CR2E045(7/97)	

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314