

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

· (614)280-3338

Fax Number

: (954)208-0845

S TALLENT

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

MAY 0 4 2018

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## REGISTERED AGENT CHANGE AMERICAN ADOPTIONS OF FLORIDA, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the statement of c	the provisions of sections 607,0502, 617,0502, 607,1508, change is submitted for a corporation organized under t	, or 617.1508, Florida Statutes, this the laws of the State of FL	
	order to change its registered office or registered agent, o		-
	of the corporation: AMERICAN ADOPTIONS OF FLORE		
	pal office address: 7500 W 110th St 5th Floor Suite 500 Ov		
3. The mailing	ng address (if different):		
4. Date of inco	corporation/qualification: 02/02/2001 Docum	nent number: N01000000799	
5. The name a	and street address of the current registered agent and regi partment of State: (If resigned, enter resigned)		
	NRAI Services, Inc. 1		
	1200 South Pine Island Road		ထ
	Plantation, FL 33324		芸工
6. The name ar (if changed)	and street address of the new registered agent (if changed	·	.3
	C T Corporation System		W 48
	€ C T Corporation System, 1200 South Pine Island Roa	ıd	در. جد
	P.O Box NOT acceptable	-	•
	Plantation, Florida 33324		
The street addr as changed wil	dress of its registered office and the street address of the ill be identical.	e business office of its registered age	nt,
Such change would by to	was authorized by resolution duly adopted by its board the board, or the corporation has been notified in writing	of directors or by an officer so ng of the change.	
Seven	time of an other of dreader	Scott Mars, President	
	The state of the s	rinted or typed name and little	
nereny accept further agree performance of igent. Or, if th iercby confirm	of the appointment as registered agent and agree to act e to comply with the provisions of all statutes relative to of my duties, and I am familiar with and accept the obli this document is being filed merely to reflect a change i m that the corporation has been notified in writing of th	in this capacity, of the proper and complete gation of my position as registered in the registered office address, I is charge.	
By: C T Cor	orporation System	5/3/18	
V	ignature of Registere Agent  behalf of an entity:	Date	
ames M. Hulpin	·		
	Typed or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2F045 (03/12)

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