## N01355

| (Re                                     | equestor's Name)   |              |
|---|--------------------|--------------|
| (Ad                                     | ldress)            |              |
| (Ad                                     | idress)            | <del>.</del> |
| (Cit                                    | ty/State/Zip/Phone | : #)         |
| PICK-UP                                 | ☐ WAIT             | MAIL         |
| (Bu                                     | usiness Entity Nam | ne)          |
| (Do                                     | ocument Number)    |              |
| Certified Copies                        | _ Certificates     | of Status    |
| Special Instructions to Filing Officer: |                    |              |
|   |                    |              |
|   |                    |              |
|   |                    |              |

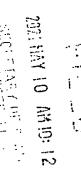
Office Use Only



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05/10/21--01025--040 \*\*35.00

(Vel07/21) JH



## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: Youth Challenge of Florista, Inc.   |
| DOCUMENT NUMBER: NO 1355   |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| Ruben E. Clear to Tree Server  Name of Contact Person  La rv Office 17 Ruben & Carotic, LC  Firm/Company  Address  West Simsbury, Comm. 06092  City/State and Zip Code  E-mail address: (to be used for future annual report polification) |
| For further information concerning this matter, please call.   |
| Name of Contact Person at (860) 798-3123  Area Code & Daytime Telephone Number   |
| Unabound in a \$25,00 about mode models to the Disposition of Cost.  |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## 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, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.   |
|--|
| 1. The name of the corporation: Youth Charles of Florida, Tine.  |
| 2. The principal office address: 9502 County Road 1250   |
| W, lolwood, FC 34785   |
| 3. The mailing address (if different): PO Bax 370676 Hartford, Ging. 06/32   |
| 4. Date of incorporation/qualification: 02/09/1984 Document number: No. 1355   |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)   |
| Mary Hanson  |
| 9502 CR 125 C  |
| Wildwood, FL. 34785  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Richard Conrales   |
| 9502 Coundry Road 1250   |
| Wild word, Fl 34785 3  |
| 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, or the corporation has been notified in writing of the change.  |
| Signature of an officer or director  Nignature of an officer or director  Nignature of an officer or director  Nignature of an officer or director   |
| 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 duries, analy am familiar with and accept the obligation of my position as registered agent. Or, if this document is bring fited merely to reflect a change in the registered office address. I hereby confirm that the corporation has been my ified in writing of this change. |
| 4/5/2021   |
| If signing on behalf of an entity:   |
| Typed or Printed Name  |

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