Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : PARANET CORPORATION SERVICES, INC.

Account Number : 120090000069 Phone : (800)277-9977

Fax Number : (800)815-0477

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

Empd 1	Address:	mas@mascorpserv.com
たいはエエ	WOOLE22'	

REGISTERED AGENT CHANGE OUR KIDS OF MIAMI-DADE/MONROE, INC.

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Corporate Filing Menu

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C. GOLDEN

DEC - 6 2019

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COVER LETTER

TO:	O: Amendment Section Division of Corporations					
SUBJ Name	ECT: OUR KIDS OF MIAMI-DADE/MONROE, II of Corporation	NC.				
ከ ሰ ረግ	UMENT NUMBER: N02000007020					
	nclosed Statement of Change of Registered Office	re/A gent and fee are submitted for filing				
	return all correspondence concerning this matter					
Mimu	el A. Maspons					
	of Contact Person					
	ons Advisory Services					
Firm/	Company	·				
2333	Ponce De Leon Blvd., Suite 314					
Addre	35					
Corat	Gables, Florida 33134					
City/S	tate and Zip Code					
	mas@mascorpserv.com					
E-ma	il address: (to be used for future annual repo	rt notification)				
For fu	rther information concerning this matter, please	call:				
	Vanessa M. Collazo	at (786) 539-1430 Area Code & Daytime Telephone Number				
••••	Name of Contact Person	Area Code & Daytime Telephone Number				
Enclo	sed is a \$35.00 check made payable to the Depar	rtment of State.				
	<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				
CR2E)45 (04/13)					

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CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submit	ted for a corporation orga	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Florida stered agent, or both, in the State of Florida.	
The name of the corporation			
2. The principal office addres	401 NOW ONTO AME 60	OUTH TOWER, 10TH PLOOR	
z. The principal office address	MIAMI, FLORIDA 3312	28	
3. The mailing address (if diff	ferent): PO BOX 010951, I	MIAMI, FL 33101	
4. Date of incorporation/quali	fication: 09/11/2002	Document number: N02000007020	
	s of the current registered	agent and registered office on file with the	20
PENNEKAN	Ф, J. MICHAEL (RESIGN	ING)	2019 DEC
FOWLER W	HITE BURNETT, P.A.		1
1395 BRICK	ELL AVE, 14TH FLOOR,	MIAMI, FLORIDA 33131	27
		gent (if changed) and /or registered office	AH 10: 42
MAS CORP	ORATE SERVICES, LLC		
2333 PONCI	E DE LEON BLVD., SUIT	E 314	
-	P,Q. E	Box NOT acceptable	
CORAL GA	BLES, FLORIDA 33134		
The street address of its regi- as changed will be identical.	stered office and the stree	et address of the business office of its registered	agent,
Such change was authorized authorized by the heard, or t	by resolution duly adopt be corporation has been i	ted by its board of directors or by an officer so notified in writing of the change.	
		Miguel A. Maspons, Attorney-In-Fact	
Signal de of un exicer of I hereby accept the appointm I further agree to comply with of my duties, and I am famili document is being filed mere corporation has been notifie	nent as registered agent of	Printed or typed name and tale and agree to act in this capacity, atutes relative to the proper and complete perfor bligation of my position as registered agent. Or the registered office address, I hereby confirm to ge.	rmance i if this hat the
		11/27/19	
Signifure of Register		Date	
If signing on behalf of an en	tity:		
Miguel A. Maspons,			
Typed or Printed N		FEE: \$35.00 * * *	
h £			
maki Mail to: Divis	SION OF CORPORATIONS,	LORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 32314	

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