500134587945 (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) □ MAIL **□** WAIT D PICK-UP (Business Entity Name) 09/08/08--0100?--004 (Document Number) Certificates of Status _ Certified Copies _ Special Instructions to Filing Officer. Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Florida Guardian ad Litem Foundation, Inc. (formally king) (Name of Corporation)	nown as the Florida Guardian ad Litem Association, Inc.)
DOCUMENT NUMBER: N0200009034	
The enclosed Statement of Change of Registered Office/Agent	t and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Angela Orkin (Name of Contact Pe	erson)
Florida Guardian ad Litem Four (Firm/Company	ndation, Inc.
600 South Calhoun Street, Suite (Address)	259
Tallahassee, FL 32399 (City/State and Zip Company)	Code)
For further information concerning this matter, please call:	
Angela Orkin at ((Name of Contact Person)	850 597-7968 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department o	f State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

	e provisions of sections 607.0502, 617.0502, 607.1508, o		his
	ange is submitted for a corporation organized under the er to change its registered office or registered agent, or i	• • —	
		•	
	the corporation: Florida Guardian ad Litem Foundation		
2. The principal	l office address: 600 South Calhoun Street, Suite 259 T	allahassee, FL 32399	
3. The mailing a	address (if different): P.O. Box 10688 Tallahassee, FL	_ 32302	
4. Date of incor	poration/qualification: November 21, 2002 Docume	nt number: N0200009034	
	d street address of the current registered agent and regist rtment of State:	ered office on file with the	
	William Schifino, Jr, Esq.	X S	20
	201 North Franklin Street, One Tampa Cer	nter, Suite 2600 ≜	2008 SEP
	Tampa, FL 33602	ASS.	0
6. The name and (if changed):	d street address of the new registered agent (if changed)	and /or registered office	
	Angela Orkin	Ē	00
	600 South Calhoun Street, Suite 259		
	(P.O. Box NOT acceptable)	-	
	Tallahassee, FL 32399		
The street addre	ess of its registered office and the street address of the l be identical.	business office of its registere	ed agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board he board, or the corporation has been notified in writing	of directors or by an officer song of the change.)
2 Jan			·
, -	t the appointment as registered agent and agree to act to comply with the provisions of all statutes relative to all I am familiar with and accept the obligation of my ping filed merely to reflect a change in the registered of seen notified in writing of this change.	(Printed or typed name and title) In this capacity. To the proper and complete per, Position as registered agent. The fice address, I hereby confirm	formance Or, if this 1 that the
(eu	acle Ocki August 27	. 2008	
(Signature)	gristure of Registered Agent)	(Date)	
If signing on be	thalf of an entity:		
(7	Typed or Printed Name)		

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