408P0000050N

(R	equestor's Name)	,
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nam	е)
(De	ocument Number)	***************************************
Certified Coples	Certificates	of Status
Special Instructions to	Filing Officer:	
Mandy De	irand c	AYE
AUTHODIZATIO	N BY PHONE T	ro Navat
11-19-04 Name		
DGG. EXAM	14	



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SECRETARY OF STATE

Office Use Only

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RA. Change

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: YWCAs of the Southeast Region, Inc. (Name	c. e of corporation)
DOCUMENT NUMBER: N02000009864	
The enclosed Statement of Change of Registered (Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
	, Regional Manager
(Name o	of contact person)
	outheast Region, Inc.
(Fir	m/Company)
204 37	7th Ave. N. #308
	(Address)
	•
St Petersbi	urg, FL 33704-1416
	tate and zip code)
For further information concerning this matter, ple	ease call:
Wendy Durand	at (727) 821-1890 (Area code & daytime telephone number)
(Name of contact person)	(Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the D	Department of State.
Mailing Address	Charact Addisonne

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(6/04)

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

statement of change is submitted fo	ons 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this or a corporation organized under the laws of the State of Florida istered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: The	e YWCAs of the Southeast Region, Inc.
2. The principal office address: c/o Fiscal Agent YWCA of Tampa Bay	
	655 2nd Avenue S., St. Petersburg, FL 33701
3. The mailing address (if different): 204 37th Ave. N. #308
	St Petersburg, FL 33704-1416
4. Date of incorporation/qualificati	on: 12/26/2002 Document number: N02000009864
5. The name and street address of t Florida Department of State:	he current registered agent and registered office on file with the
Eileen Maloney-S	Simon
351 NW 5th Stree	at The state of th
Miami, FL 33128	
(if changed):	he new registered agent (if changed) and /or registered office
	men's Christian Association of Tampa Bay, Inc.
655 2nd Avenue	(P.O. Box NOT acceptable)
St. Petersburg, F	L 33704
The street address of its registered as changed will be identical.	office and the street address of the business office of its registered agent,
Such change was authorized by reauthorized by the board, or the co	esolution duly adopted by its board of directors or by an officer so reporation has been notified in writing of the change.
Carolyn Flower (Signature of an officer of direct	Carolyn Flowers, President, Board of Directors (Printed or typed name and title)
of my duties, and I am familiar wi document is being filed merely to corporation has been notified in v	as registered agent and agree to act in this capacity. If provisions of all statutes relative to the proper and complete performance ith and accept the obligation of my position as registered agent. Or, if this reflect a change in the registered office address, I hereby confirm that the writing of this change. October 27, 2004
(Signature of Registered Ag If signing on behalf of an entity:	(Date)
Peggy Sanchez Mills for Fisc	al Agent
(Typed or Printed Name)	

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