

NO2000009864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

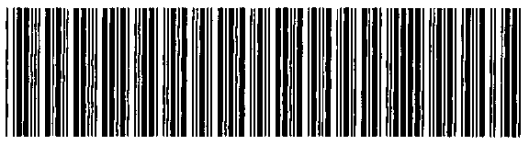
(Business Entity Name)

(Document Number)

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R.A. Change

TB

1-11-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The YWCAS OF THE SOUTHEAST REGION, INC.
(Name 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 matter to the following:

CAROLYN W. FLOWERS, REGIONAL MANAGER
(Name of Contact Person)

THE YWCAS OF THE SOUTHEAST REGION, INC.
(Firm/Company)

5014 YANCEYVILLE ROAD
(Address)

BROWNS SUMMIT NC 27214
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLYN W. FLOWERS at (336) 375-0069
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
2007 DEC 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CR2E045 (8/05)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2007

CAROLYN W FLOWERS
THE YWCAS OF THE SOUTHEAST REGION, INC.
5014 YANCEYVILLE ROAD
BROWNS SUMMIT, NC 27214

SUBJECT: THE YWCAS OF THE SOUTHEAST REGION, INC.
Ref. Number: N02000009864

We have received your document for THE YWCAS OF THE SOUTHEAST REGION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 907A00068088



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2007

CAROLYN W FLOWERS
THE YWCAS OF THE SOUTHEAST REGION, INC.
5014 YANCEYVILLE ROAD
BROWNS SUMMIT, NC 27214

SUBJECT: THE YWCAS OF THE SOUTHEAST REGION, INC.
Ref. Number: N02000009864

We have received your document for THE YWCAS OF THE SOUTHEAST REGION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please accept our apology for failing to mention this in our previous letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 407A00070449

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE YWCA'S OF THE SOUTHEAST REGION, INC.
2. The principal office address: 5014 Yanceyville Road, Browns Summit nc 27214
3. The mailing address (if different): 5014 Browns Summit NC 27214
4. Date of incorporation/qualification: 12/26/2002 Document number: N0200009864

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Pamela Skyrme
132 10th Ave N Suite 102B
Safety Harbour, FL 34595

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carolyn W. Flowers, Regional Manager
655 2nd Ave South
(P.O. Box NOT acceptable)
St Petersburg FL 33704

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Lois Cook Steele
(Signature of an officer or director)

Lois Cook-Steele
(Printed or typed name and title)

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 duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Carolyn W. Flowers
(Signature of Registered Agent)

Jan 7, 2008
(Date)

If signing on behalf of an entity:

(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