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COVER LETTER

Division of Corporations			
SUBJECT: International Voices for Care INC (Name of Corporation)			
DOCUMENT NUMBER: NOQOOOO 9589			
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:			
Brooke Sadler (Name of Contact Person)			
(Name of Contact Person)			
International Voice for Care Inc (Firm/Company)			
· ·			
295 Winser Park have			
(Address)			
Greeneville, TN 37743 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Brocke Sadles at (433) 757-0058 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
(Name of Conact reison) (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address:			
Amendment Section Amendment Section			
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building			
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Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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: Fater wational Voices for Cau, In c.
2. The principal office address: 295 KINSET Park Lave
Greeneville, TN 37743
3. The mailing address (if different):
4. Date of incorporation/qualification: No 12, 3003 Document number: NO 20000 958
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Richard Leigh
Richard Leigh 1031 W. Morse Blud, Suite 350
Winter Pary, F4 32789 ESE T
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kevin Sadler
(P.O. Box NOT acceptable)
Apapha, FL 32703
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 of director) President (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.
Kennen Halley 6 (Signature of Registered Agent) 6/15/08 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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