

NO3000002160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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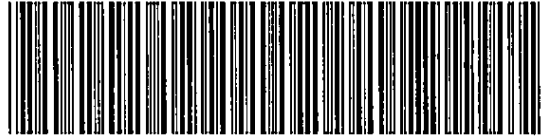
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

R WHITE

DEC 06 2018

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Registered Agent  
Name of Corporation

**DOCUMENT NUMBER:** N03000002160

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:

Rebecca Hanes

Name of Contact Person

NORTH STAR CHILD ADVOCACY CENTER, INC.

Firm/Company

629 11th Street

Address

Clermont, Fl. 34711

City/State and Zip Code

rebecca@drsantosgi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Hanes

Name of Contact Person

at ( 352 ) 404 8840

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

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

1. The name of the corporation: NORTH STAR CHILD ADVOCACY CENTER, INC.
2. The principal office address: 629 11th St. Clermont Fl. 34711
3. The mailing address (if different): 255 Citrus Tower Blvd Suite 202 Clermont Fl. 34711
4. Date of incorporation/qualification: 03/12/2003 Document number: N03000002160

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Cox, SANDRA L

629 11th StCLERMONT, FL 34711

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

Rebecca Hanes

629 11 St.

P.O. Box NOT acceptable

Clermont Fl. 34711

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 or director

Rebecca Hanes 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.*

11/28/18

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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