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COVER LETTER

TO: Amendment Section Division of Corpora			
SUBJECT:	CHILDREN IN C	RISIS, INC.	
		•	
DOCUMENT NUMBER:	N030	000004610	
The enclosed Statement of	Change of Registered Office	e/Agent and fee are submitted	d for filing.
Please return all correspond	ence concerning this matter	to the following:	
	•		
	ANCHORS, Name of Cor	MICHELLE	
	Name of Cor	ntact Person	
	KEEFE, ANCHORS,		
	Firm/Co	ompany	
	O440 LEVAJO TUDNE	D DUVD CUITE 100	
	2113 LEWIS TURNE	R BLVD, SUITE 100.	
	. Addi	.,	•
	FORT WALTON DE	4 OLL EL 005 17 LIO	
	FORT WALTON BE City/State an	ACH, FL 32547 US ad Zip Code	
оту (этих или <u>—</u> .р от и			
MANCHORS@KAGMLAW.COM E-mail address: (to be used for future annual report notification)			
E-mail	address: (to be used for ti	uture annual report notifica	ition)
For further information con	cerning this matter, please c	all:	
ANCHORS	, MICHELLE		863-107/
Name of Co		at (<u>850</u>) Area Code & Daytime	Telephone Number
Enclosed is a \$35.00 check	made payable to the Depart	ment of State.	
Ma	iling Address:	Street Address:	
An	nendment Section	Amendment Secti	=
	vision of Corporations	Division of Corp	orations
	D. Box 6327 Ilahassee, FL 32314	Clifton Building 2661 Executive (Conton Cirolo
Ta	nanassee, 1 15 32514	Tallahassee, FL 3	

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FL or to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: CHILDREN IN CRISIS, INC. office address: 1000 LUKE'S WAY, FORT WALTON BEACH FL 32547
2. The principal	office address.
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 05/23/2003 Document number: N0300004610
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	ANCHORS, MICHELLE
	909 MAR WALT DR, STE 1022
	FT WALTON BEACH FL 32547 US
6. The name and (if changed):	FT WALTON BEACH FL 32547 US I street address of the new registered agent (if changed) and /or registered office ANCHORS, MICHELLE 2113 LEWIS TURNER BLVD. SUITE 100
	ANCHORS, MICHELLE
	2113 LEWIS TURNER BLVD, SUITE 100
	P.O. Box NOT acceptable FORT WALTON BEACH, FL 32547 US
	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
· Donal Signatur	Printed or typed name and little
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
1/4 Mu Sig	Le Sept 28, 2011 Date Sept 28, 2011
If signing on be	half of an entity:
Т	yped or Printed Name

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