## ND3000008204

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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DIVISION OF CORPORATIONS
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## **COVER LETTER**

Amendment Section Division of Corporations TO:

SUBJECT: Coordinated Child Care Properties, Inc.				
	Name o	f Corporation	<del></del>	
DOCUMENT NUM	BER:N	3000008204		
The enclosed Stateme	ent of Change of Registered Of	fice/Agent and fee are submitte	ed for filing.	
Please return all corre	espondence concerning this ma	tter to the following:		
	Pau Name of	Runyon Contact Person	· · · · · · · · · · · · · · · · · · ·	
	Name of C	Somact reison		
_		I Care of Pinellas, Inc.		
	1 11111	Company		
-		2nd Ave. N.		
Pinellas Park, FL 33782 City/State and Zip Code				
		dcarepinellas.org		
Ē	-mail address: (to be used for	r future annual report notific	cation)	
For further information	on concerning this matter, pleas	e call:		
	Gail Gendrau	at ( 727 ) Area Code & Daytim	547-5772	
Name	of Contact Person	Area Code & Daytim	ne Telephone Number	
Enclosed is a \$35.00	check made payable to the Dep	partment 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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida	
in orde	er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Coordinated Child Care Properties, Inc.	
2. The principal	l office address: 6500 102nd Ave. N., Pinellas Park, FL 33782	
3. The mailing a	address (if different):	
4. Date of incor	rporation/qualification: Sep. 23, 2003 Document number: N0300008204	_
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)  M.  Guy Cooley	
	6500 102nd Ave. N. 72	
	Pinellas Park, FL 33782	GETAT
6. The name and (if changed):	6500 102nd Ave. N.  Pinellas Park, FL 33782  d street address of the new registered agent (if changed) and /or registered office  Paul Runyon  6500 102nd Ave. N.	NOPOKI
	Paul Runyon 2	1
	6500 102nd Ave. N. P.O. Box NOT acceptable	
	Pinellas Park, FL 33782	
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change wanthorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
/ QV	Jane Mulligan, President	
Ihereby accept I further agree of my duties, ar document is be corporation ha	t 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 and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change.	
6	4/26/12	
	gnature of Registered Agent Date	
	ehalf of an entity:	
Paul V. H	<del></del>	
Т	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 \* \* \*