## N04000002674

(Requestor's Name)
(Address)
(144,555)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Axis Adoption & Consulting Service (Name of Corporate		
DOCUMENT NUMBER: N04000002674		
The enclosed Statement of Change of Registered Office/Agen	t and fee are submitted for filing.	
Please return all correspondence concerning this matter to the	J	
Cheryl Kerr, Executive Director		
(Name of Contact Pe	erson)	
Axis Adoption & Consulting Serv (Firm/Company	ices Inc.	
14991 Sovereign Drive, Suite B (Address)		
Largo, Florida 33774		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
<del>-</del>		
Cheryl Kerr, Executive Director at (	727 ) 656-3022 Area Code & Daytime Telephone Number)	
(Name of Contact Person) (	Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department o	f 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

in orde	ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Axis Adoption & Consulting Services Inc.
2. The principal	office address: 14991 Sovereign Drive, Suite B Largo, Florida 33774
3. The mailing a	uddress (if different): Same
4. Date of incorp	poration/qualification: March 16, 2004 Document number: N0400002674
	d street address of the current registered agent and registered office on file with the timent of State:
	Cheryl Kerr
	4367 56th Street North
	Kenneth City, Florida 33709
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	ين <u>Cheryl Kerr</u>
	14991 Sovereign Drive, Suite B
	(P.O. Box NOT acceptable)  Largo, Florida 33774
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was 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.
(Signati	Cheryl Kerr, Executive Director (Printed or typed name and title)
I hereby accept I further agree to 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 ad 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 been notified in writing of this change.
	June 17, 2008
(Si <sub>1</sub>	gnature of Relationed Agent) (Date)
If signing on be	half of an entity:
	Cyped 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
CR2E045 (8/05)