1050006349

(Requestor's Name) (Address) (Address)	900115258489
(City/State/Zip/Phone #)	
(Business Entity Name)	01/18/0801015010 **35.00
(Document Number)	
Special Instructions to Filing Officer:	ZOOB JAN 18 PH 2: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1-3308

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COVER LETTER

TO: Amendment Section

Division of Corporations

	NAME OF CORPORATION: Children Off-the Streets, Ir		
	DOCUMENT NUMBER: NOS00006349		
	The enclosed Articles of Amendment and fee are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
	Tracy Torregrossa-Brandt (Name of Contact Person)		
,,,	Children Off the Streets, Inc.		
12644 Lake Mary Jane Road.			
Orlando, Fl 32832 (City/ State and Zip Code)			
For further information concerning this matter, please call:			
	Tracy Torregrossa Brand In (407, 306-9464 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
	\$35 Filing Fee \$\times \text{\$43.75 Filing Fee & Certificate of Status}\$\$ Certificate of Status (Additional copy is enclosed) \$\text{\$43.75 Filing Fee & Certificate of Status}\$\$ Certified Copy (Additional Copy is enclosed)		
	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, statement of change is submitted for a corporation organized under the	ne laws of the State of
in order to change its registered office or registered agent, o	r both, in the State of Florida.
1. The name of the corporation: Children Off H	re Streets, Inc.
2. The principal office address: 12644 Lake M	ary Jane Rd.
Orlando, FL	32832
3. The mailing address (if different): Same	
- <u></u>	
4. Date of incorporation/qualification: 6 20 2005 Docum	nent number: <u>N0500006349</u>
5. The name and street address of the current registered agent and registered Department of State:	stered office on file with the
Tracy Torregross	er (Brandt)
13842 Manne Driv	e
_ chlando, CL 32	2832 AE 1
6. The name and street address of the new registered agent (if changed (if changed):	l) and /or registered office HTT.
Tracy Brandt	PH PH
12644 hake ma	14 Jane Rd Fix ?:
(P.O. Box NOT acceptable)	37.822
- Orlandes PC ?	200 300
The street address of its registered office and the street address of thas changed will be identical.	ne business office of its registered agent,
Such change was authorized by resolution duly adopted by its board authorized by the board, or the corporation has been notified in wri	d of directors or by an officer so ting of the change.
In an officer or director)	Printed or typed name and titler
Thereby accept the appointment as registered agent and agree to a I further agree to comply with the provisions of all statutes relative of my duties, and I am familiar with and accept the obligation of my document is being filed merely to reflect a change in the registered corporation has been notified in writing of this change.	ct in this capacity. to the proper and complete performance y position as registered agent. Or, if this office address, I hereby confirm that the
	1-15-08
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Control of the Control of the Contr	
(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 * * *