# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

Erom:

Account Name : BUSH ROSS, P.A. Account Number: I19990000150

: (813)224-9255 Phone

Fax Number : (813)223-9620

Celeste Pertino

(999999:99999)

## REGISTERED AGENT CHANGE

USTICE CENTER OF HULLSBOROUGH COUNTY, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

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#### COVER LETTER

| To: Amendment Section Division of Corporations  |                            |                              |
|---|----------------------------|------------------------------|
| SUBJECT:  | Family Justice Center of I | Hillsborough County, Inc.    |
|   | (Name of Corporation)      |                              |
| DOCUMENT NUMBER:  | N05000011378               |                              |
| 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: |                            |                              |
|   | Celeste Perrino            |                              |
| (Name of Contact Person)  |                            |                              |
|   |                            |                              |
| Bush Ross, P.A.   |                            |                              |
| (Firm/Company)  |                            |                              |
|   | 400455 0 777 44 4 4        |                              |
|   | 1801 North Highland Ave    | nue                          |
| (Address)   |                            |                              |
|   | Torona Placida 23600       |                              |
| Tampa, Florida 33602 (City/State and Zip Code)  |                            |                              |
| (City/State and Zip Code)   |                            |                              |
| For further information concerning this matter, please call:  |                            |                              |
| Celeste Perrino   | at (813)_                  | _204-6425                    |
| (Name of Contact Person)  |                            | e& Daytime Telephone Number) |
| (41,11110 01, 002,1101 2 015010)  | (-Z 444)                   |                              |
| Enclosed is a \$35.00 check made payable to the Department of State.  |                            |                              |
| <u>Mailing Add</u>  | ress: Str                  | eet Address:                 |
| Amendment   |                            | endment Section              |
| Division of C   |                            | rision of Corporations       |
| P.O. Box 632  |                            | 1 Executive Center Circle    |
| Tailahassee, i  | FL 32314 Tal               | lahassee, FL 32301           |

CR2E045 (8/05)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 617.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

| . The name of the corporation:   | Family Justice Center of Hillsborough County, Inc.   |  |
|--|--|--|
| 2. The principal office address:   | 9309 N. Florida Avenue, Ste. 109, Tampa, FL 33612  |  |
| 3. The mailing address (if different):   | 9309 N. Florida Avenue, Ste. 109, Tampa, FL. 33612   |  |
| 4. Date of incorporation/qualification:  | 11/08/2005 Document number: N05000011378   |  |
| <ol> <li>The name and street address of the cur<br/>Florida Department of State:</li> </ol>  | rrent registered agent and registered office on file with the  |  |
| Randy K. Sten  |  |  |
|  | n Street   |  |
| Tampa, FL 33   | 602 PEE B  |  |
| <ol><li>The name and street address of the no<br/>(if changed):</li></ol>  | n Street  602  ew registered agent (if changed) and /or registered office FFF - SSS                        |  |
| Bush Ross Rec  | gistered Agent Services, LLC   |  |
| 1801 North Hi  | ghland Avenue For Services, LLC  |  |
| Tampa, Florid  | a 33602 SE   |  |
| The street address of its registered office as changed will be identical.  | and the street address of the business office of its registered agent,                                     |  |
| Such change was authorized by resolution<br>by the board, or the corporation has been  | n duly adopted by its board of directors or by an officer so authorized notified in writing of the change. |  |
| Alex Dd  | or) (Printed or typed name and title)  |  |
| (Signature of an officer or direct   | or) (Printed or typed name and title)  |  |
| I further agree to comply with the provi- of my duties, and I am familiar with and document is being filed merely to reflect corporation has been notified in writing ( (Signature of Registered Agent) (I signing on behalf of an entity) | April 30, 2006   |  |
| * * * FILING FEE: \$35.00 * * *  |  |  |
| Make checks payable to Florida Department of State   |  |  |

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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