

No 5000012648

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302) 531-0855
Fax Number : (866) 223-0765

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE
COALITION FOR FLORIDA FAMILIES, INC.

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Electronic Filing Menu

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Help

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H08000131481 3

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, 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.

1. The name of the corporation: COALITION FOR FLORIDA FAMILIES, INC.
2. The principal office address: 820 EAST CALL STREET, TALLAHASSEE FL 32301
3. The mailing address (if different): PO BOX 838, TALLAHASSEE, FL 32302
4. Date of incorporation/qualification: 12/16/2005 Document number: N05000012648
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MANAUSA, DANIEL
3520 THOMASVILLE RD, 4TH FLOOR
TALLAHASSEE FL 32308 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

INCORPORATING SERVICES, LTD.
1540 GLENWAY DRIVE
(P.O. Box NOT acceptable)
TALLAHASSEE, FL 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of officer or director)

Kacel Diehl, President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

5/16/08
(Date)

If signing on behalf of an entity:

Incorporating Services Ltd.
(Typed 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
 CR28045 (8/05)

H08000131481 3