

10/29/2007 11:24 FAX

Division of Corporations

N07000007297  
10/29/2007  
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Florida Department of State  
Division of Corporations  
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**REGISTERED AGENT CHANGE**

**LIFE SKILLS CENTER - ORANGE COUNTY, INC.**

Certificate of Status	0
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AJR  
10/29/07

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002/004

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October 29, 2007

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LIFE SKILLS CENTER - ORANGE COUNTY, INC.  
4433 MARCHEMONT BLVD  
LAND O LAKES, FL 34638

SUBJECT: LIFE SKILLS CENTER - ORANGE COUNTY, INC.  
REF: N07000007297

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please put a hyphen in between the words center and orange.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

FAX Aud. #: H07000265399  
Letter Number: 807A00063183

RECEIVED  
2007 OCT 29 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

Audit No. H07000265399 3

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Life Skills Center - Orange County, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N07000007297

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:

Thomas Lang  
(Name of Contact Person)

Shuffield Jowman  
(Firm/Company)

1000 Legion Place, Suite 1700  
(Address)

Orlando, FL 32801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Lang at ( 407 ) 395-0318  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department 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

Audit No. H07000265399 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: Life Skills Center - Orange County, Inc.

2. The principal office address: 4526 <sup>SOUTH</sup> Orange Blossom Trail, Orlando, FL 32839

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/25/2007 Document number: N07000007297

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Kathleen Swanson, Florida Director of Board Relations

4433 Marchmont Blvd

Land O Lakes, FL 34638

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

Thomas Lang

c/o Sheffield Downman  
(P.O. Box NOT acceptable)

1000 Legion Place, Ste 1700, Orlando, FL 32801

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.

Linda Sutherland  
(Signature of an officer or director)

Linda Sutherland  
(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]  
(Signature of Registered Agent)

10/5/07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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  
CR2E045 (8/05)

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