## NO7-062

(Re	equestor's Name)	<del></del>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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## **COVER LETTER**

Amendment Section

TO:

Division of Corporations		
Friends of Foster Children		
SUBJECT: Friends of Foster Children Name of Corporation	<u> </u>	
Name of Corporation		
DOCUMENT NUMBER: N07062		
The enclosed Statement of Change of Registered Of	fice/Agent and f	ee are submitted for filing.
Please return all correspondence concerning this mat	tter to the follow	ring:
Jane Richardson		
Name of Contact Person		
Friends of Foster Children of Palm Beach County Inc.		
Firm/Company		
4100 Okeechobee Blvd.		
Address		
West Palm Beach FL 33409		
City/State and Zip Code		
Jane@friendsoffosterchildren.com	1	
E-mail address: (to be used for future annual reg	ort notification	n)
•		,
For further information concerning this matter, pleas	se call:	
Jane Richardson	at ( 561	352-2541
Name of Contact Person	··· \ Area C	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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

CR2E045 (04/13)

## $^{\circ}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida reconstruction of the State of Florida.
	he corporation: Friends of Foster Children of Palm Beach County Inc.
	office address: 4100 Okeechobee Blvd. West Palm Beach FL 33409
	ddress (if different):
4. Date of incorp	poration/qualification: 08/20/1986 Document number: N07062
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Laurie Briggs
	2139 Palm Beach Lakes Blvd.
	West Palm Beach FL 33409
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Jenrey Ciordon
	4800 N. Federal Highway Suite 205B  P.O. Box NOT acceptable
	P.O. Box NOT acceptable  Boca Raton FL 33431
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signatur	RODUEY FILASET - ADARD PRESIDE
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 of all and 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.
Sig	Mature of Registered Agent 7/10/2-3  Date
	half of an entity:  - e y
	* * * 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 (04/13)