

N08000007947

Mary K. Collins
2089 NW Pine Tree Way
Stuart, FL 34994

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

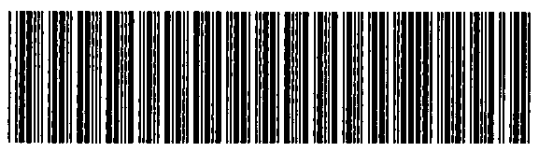
(Business Entity Name)

(Document Number)

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*RA
Change*

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2013 FEB - 7 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
2/8/13*

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: Florida Council of Nurse-Midwives, Inc.
2. The principal office address: 2089 NW Pine Tree Way, Stuart, FL 34994
3. The mailing address (if different): _____
4. Date of incorporation/qualification: August 25, 2008 Document number: N08000007947
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Cecilia Jevitt

8142 Quail Hollow Blvd.

Wesley Chapel, FL 33544

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

Mary K. Collins

2089 NW Pine Tree Way

P.O. Box NOT acceptable

Stuart, FL 34994

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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.

Mary Kay Miller
Signature of an officer or director

Mary Kay Miller, 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.

Mary K. Collins
Signature of Registered Agent

2/4/13
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