

N14713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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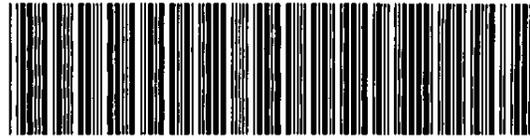
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUN 26 PM 12:30

C. LEWIS

JUL 14 2014

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Collier County Child Advocacy Council Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N14713

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:

Steven E. Kissinger  
Name of Contact Person

Collier County Child Advocacy Council Inc.  
Firm/Company

1036 6th Avenue N  
Address

Naples, FL 34102  
City/State and Zip Code

Skissinger@caccollier.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Kissinger at 239 263-8383  
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

**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: Collier County Child Advocacy Council Inc.

2. The principal office address: 1036 6th Avenue, N, Naples, FL 34102

3. The mailing address (if different): Same as Above

4. Date of incorporation/qualification: 04/16/1986 Document number: N14713

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)

DIAZ, SONIA  
1036 6TH AVENUE NORTH  
NAPLES, FL 34106 US

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

Brad Boaz  
2600 Golden Gate Parkway  
P.O. Box NOT acceptable  
Naples, FL 34105

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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]  
Signature of an officer or director

Jacqueline Govitt Stephens CEO  
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.*

Brad Boaz  
Signature of Registered Agent

06/23/2014  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*