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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

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Email Address: hannah@hcfirc.com

## REGISTERED AGENT CHANGE

## HOMELESS CHILDREN'S FOUNDATION OF INDIAN RIVER COUNT

Certificate of Status	0
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Page Count	01
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Electronic Filing Menu

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Help

(((H22000058252 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: HOMELESS CHILDREN'S FOUNDATION OF INDIAN RIVER COUNTY, IN
2. The principal office address: 6001 Hwy A1A - PMB 8071, Indian River Shores, FL 32963
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/21/2015 Document number: N15000000859
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)
Dean Mead Attorneys at Law
3240 Cardinal Drive, Suite 200
Vero Beach, Florida 32963
6 The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Dean Mead Services, LLC
420 S. Orange Avenue, Suite 700
P.O. Box NOT acceptable
Orlando, Florida 32801
The street address of its registered office and the street address of the business office of its registered agen 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.
Hannah Hite, Executive Director  Signature of an officer or director  Profiled 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 performan of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the 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
If signing on schalf of an entity:
John E. Moore, III on behalf of Dean, Moad, Egerton , Bloodworth, Capouano & Bozarth, PA, Solo Member
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 (04/13)