

N16000007991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

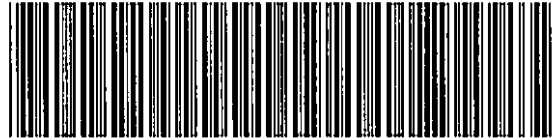
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rd/chg

JUN 27 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Charity Kid Connect, Inc.

Name of Corporation

DOCUMENT NUMBER: N16000007991

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:

Meghan C. Moore, Esq.

Name of Contact Person

Weisbrod Matteis & Copley, PLLC

Firm/Company

110 E. Broward Blvd., 17th Floor

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

mcmoore@wmclaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meghan C. Moore

Name of Contact Person

at (954) 558-5164

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

RECEIVED
18 JUN 25 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2018

MEGHAN C. MOORE
WEISBROD MATTEIS & COPLEY, PLLC
110 E. BROWARD BLVD - 17TH FLOOR
FORT LAUDERDALE, FL 33301

SUBJECT: CHARITY KID CONNECT, INC.
Ref. Number: N16000007991

We have received your document for CHARITY KID CONNECT, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Non-Profit Corporation. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

There is a balance due of \$10.00.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 418A00012456

**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: Charity Kid Connect, Inc.
2. The principal office address: 13891 S.W. 144 Parkway, Okeechobee, FL 34974

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/15/2016 Document number: N16000007991

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)

Meghan C. Moore, Esq.

13891 S.W. 144 Parkway

Okeechobee, FL 34974

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

Meghan C. Moore, Esq.

32739 Lake Eustis Drive

P.O. Box NOT acceptable

Tavares, FL 32778

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TALLAHASSEE, FLORIDA

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.

 MEGHAN C MOORE
Signature of an officer or director 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.

 JUNE 21, 2018
Signature of Registered Agent Date

If signing on behalf of an entity:

MEGHAN C MOORE on behalf of Charity Kid Connect
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