

N16713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

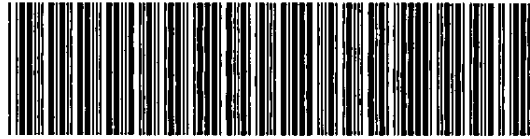
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

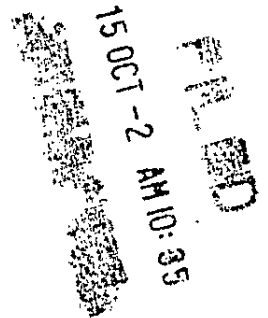
Special Instructions to Filing Officer:

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Voices for Children of Tampa Bay  
Name of Corporation

DOCUMENT NUMBER: N116713

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:

Ronna Kennedy

Name of Contact Person

Voices for Children of Tampa Bay

Firm/Company

3314<sup>W</sup> Henderson Blvd, # 207

Address

Tampa FL 33609

City/State and Zip Code

~~FOI~~ director@vfcgal.org

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

For further information concerning this matter, please call:

Ronna Kennedy

Name of Contact Person

at ( 813 ) 275-9300

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

**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: Voices for Children of Tampa Bay
2. The principal office address: 3314 W. Henderson Blvd, Ste 207  
Tampa FL 33609
3. The mailing address (if different): P. O. Box 2694  
Tampa FL 33601
4. Date of incorporation/qualification: 09/09/1986 Document number: N 16713
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)  
Elizabeth U. Smith  
2107 W. Cass Street, Suite C  
Tampa FL 33606
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Ronna R. Kennedy  
3314 W Henderson Blvd, Ste 207  
P.O. Box NOT acceptable  
Tampa FL 33609

15 OCT -2 AM 10:35

FILED

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.

Bill Z. He

Signature of an officer or director

Brad Hale, Treasurer

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.

[Signature]

Signature of Registered Agent

9/23/2015

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