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T. LEMIEUX

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Outreach Community Care Network, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N27264

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:

Wendy Seavers  
Name of Contact Person  
Outreach Community Care Network Inc  
Firm/Company  
240 N. Frederick Ave  
Address  
Daytona Beach FL 32114  
City/State and Zip Code  
Wendy-seavers@outreachinc.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy Seavers at (386) 255-5569  
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: Outreach Community Care Network, Inc
2. The principal office address: 240 N Frederick Avenue Suite A  
Daytona Beach, FL 32114
3. The mailing address (if different): PO Box 9177  
Daytona Beach FL 32120
4. Date of incorporation/qualification: 2/5/1985 Document number: N27264
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)

Dr Vanessa Harvey-Lents  
901 Madison Avenue  
Daytona Beach FL 32114

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

Chester Wilson  
1416 Mollie Road  
P.O. Box NOT acceptable  
Daytona Beach FL 32114

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The street address of its registered office and the street address of the business office of the 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.

Chester Wilson  
Signature of an officer or director

Chester Wilson, Board Chair  
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.

Chester Wilson  
Signature of Registered Agent

5/2/17  
Date

If signing on behalf of an entity:

Chester Wilson, Board Chair  
Typed or Printed Name

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