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| (Re | equestor's Name) | |
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| (Ad | ddress) | |
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| (Ci | ity/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (B | usiness Entity Nam | ne) |
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| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

Amendment Section

TO:

| SUBJECT: Florida Coalition for the Homeless, Inc. (Name of Corporation) DOCUMENT NUMBER: N36104 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: Louise Hubbard (Name of Contact Person) Florida Coalition for the Homeless, Inc. (Firm/Company) | Division or Corporations | | |
|--|-------------------------------------|---|--|
| 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: Louise Hubbard (Name of Contact Person) Florida Coalition for the Homeless, Inc. | subject: Florida Coal | ition for the Home (Name of Corporat | less, Inc. |
| Please return all correspondence concerning this matter to the following: Louise Hubbard (Name of Contact Person) Florida Coalition for the Homeless, Inc. | DOCUMENT NUMBER: | N36104 | |
| Louise Hubbard (Name of Contact Person) Florida Coalition for the Homeless, Inc. | The enclosed Statement of Change | of Registered Office/Agen | t and fee are submitted for filing. |
| (Name of Contact Person) Florida Coalition for the Homeless, Inc. | Please return all correspondence co | ncerning this matter to the | following: |
| Florida Coalition for the Homeless, Inc. (Pirm/Company) | Louise Hubl | oard (Name of Contact P | erson) |
| | Florida Coa | lition for the Homele (Firm/Company | ess, Inc. |
| 2125 Biscayne Boulevard, suite 200 (Address) | | | |
| Miami, Florida 33137 (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | For further information concerning | this matter, please call: | |
| Louise Hubbard (Name of Contact Person) at (772) 567-7790 (Area Code & Daytime Telephone Number | | erson) at (| 772) 567-7790 (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 | Amendin Division P.O. Box | ent Section of Corporations 6327 | Division of Corporations Clifton Building |

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: Florida Coalition for the Homeless, Inc. |
| 2. The principal office address: 2125 Biscayne Boulevard, Suite 200 |
| Miami, florida 33137 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: January 16, 1990 Document number: N36104 |
| The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| Steve Werthman |
| c/o Governmental Center |
| 115 South Andrews Ave. # 516 Ft lauderdale, fl 33301 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Louise Hubbard ALE S |
| 2525 St. Lucie Boulevard |
| (P.O. Box NOT acceptable) |
| Vero Beach, Florida 32960 |
| The street address of its registered office and the street address of the business office of its registered agent; |
| 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. |
| Louise Hubbard, President (Sugarance of the officer of difference) |
| 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. |
| Julie Mother 10/15/05 (Date) |
| If signing on behalf of an entity: |
| Louise Hubbard (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 (8/05)