

(Rec	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
- (Bus	iness Entity Nar	me)
(003	mess Emily Har	ne,
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





400313619634

05/22/18--01011--015 **35.00

18 MAY 22 AM 8: 55

R. WHITE MAY 2 1 2018

COVER LETTER

TO: Amendment Section Division of Corporations Florida Healthy Kids Corporation Name of Corporation N39138 DOCUMENT NUMBER: 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: Rebecca Matthews Name of Contact Person Florida Healthy Kids Corporation Firm/Company 661 E. Jefferson Street, 2nd Floor Address Tallahassee, FL 32301 City/State and Zip Code harrisg@healthykids.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rebecca Matthews Name of Contact Person 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

statement of cha	unge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Stat anized under the laws of the State of <mark>Flor</mark> stered agent, or both, in the State of Flor	rida	
1. The name of	the corporation: Florida Healthy	Kids Corporation		
2. The principal	office address: 661 E. Jefferson see, FL 32301	Street, 2nd Floor		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 07/18/1990	Document number: N39138		
	d street address of the current registered rtment of State: (If resigned, enter resigned)	l agent and registered office on file with t	the	
	Steven Malono			
	661 E. Jefferson Street, 2r	nd Floor	25. 28	
	Tallahassee, FL 32301		HAY 22	
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office		LED
	Rebecca Matthews		8: 55 S IATE LORIB	
	661 E. Jefferson Street, 2r		> 1	
	Tallahassee, FL 32301	OT acceptable		
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its rep	gistered agent	•
Such change was authorized by the	as authorized by resolution duly adopted board, or the corporation has been r	ed by its board of directors or by an office of the change.	cer so	
Signatu	tre of an officer or director	Rebecca Matthews, CEO		
I further agree performance of agent. Or, if th	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified	and agree to act in this capacity. Itutes relative to the proper and complet accept the obligation of my position as flect a change in the registered office ac	te registered ldress, I	
		05/16/2018		
	nature of Registered Agent	Date		
	half of an entity:			
Rebecca M	latthews yped or Printed Name			
	••			

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