

N 39591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

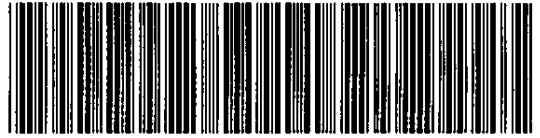
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RACH 4/1/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Variety- the Children's Charity of Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: N39591

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:

Jolie Patricia Sester
Name of Contact Person

Variety- the Children's Charity of Florida, Inc.
Firm/Company

520 North Semoran Boulevard, Suite 220
Address

Orlando, Florida 32807
City/State and Zip Code

jolie@varietyflorida.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jolie Patricia Sester at (407) 422-5437
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: Variety- the Children's Charity of Florida, Inc.

2. The principal office address: 520 North Semoran Boulevard, Suite 220, Orlando, Florida 32807

3. The mailing address (if different):

4. Date of incorporation/qualification: 08/20/1990 Document number: N39591

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)

Donna L. Draves
120 East Concord Street
Orlando, Florida 32801

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TALLAHASSEE, FLORIDA

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

Allan C. Draves
1616 Wycliff Drive
Orlando, Florida 32803
P.O. Box NOT acceptable

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.

[Signature]
Signature of an officer or director

Robert (Bob) Winters, PRESIDENT
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

March 18, 2010
Date

If signing on behalf of an entity:

[Signature]
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)