Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107 Fax Number : (561)214-8442

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* Email Address:

## REGISTERED AGENT CHANGE THE CHILDREN'S HOME SOCIETY OF FLORIDA FOUNDATION。于

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 6 unge is submitted for a corporation	organized under the laws of the	State of FL	
	er to change its registered office or		,	
1. The name of	the corporation: THE CHILDREN'	S HOME SOCIETY OF FLORIDA	FOUNDATION, INC.	
2. The principal	office address: 482 S. Keller Road,	3rd Floor		
Orlando, FL 328				
	ddress (if different):			
4. Date of incor	poration/qualification: 12/18/1990	Document number:	N41368	
5. The name and Florida Depar	I street address of the current regis tment of State: (If resigned, enter	tered agent and registered office ( resigned)	on file with the	
	FRANK D GONZALEZ, ESQ.			
	482 S. Keller Road, 3rd Floor			
	Orlando, FL 32810			
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or regis	<b>1</b>	
	Corporate Creations Network Inc.			
	801 US Highway 1		SECHLING UF ALLAHASSEELF	
	P.O. Box NOT acceptable			
	North Palm Beach, FL 33408			
The street addre	ss of its registered office and the be identical.	street address of the business of	<u></u>	
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors over notified in writing of the cha	or by an officer so	
X.		Sean Arno, Attornev-in-Fa		
-	e of an officer or director	Printed or typed n	ame and title	
hereby accept further agree t of my duties, an document is heif corporation has	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a chang been notified in writing of this ci	ent and agree to act in this capaa ll statutes relative to the proper , he obligation of my position as ri e in the registered office address hange.	city. and complete performance egistered agent. Or, if this .I hereby confirm that the	
\$ .		7/14/2021		
Sign	ature of Registered Agent	Date	· <u>- · · · · · · · · · · · · · · · · · ·</u>	
f signing on bel	nalf of an entity:			
Scan Arno, Specia	il Secretary			
Ту	ped or Printed Name			