N44595

(Re	equestor's Name)		
. (Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	∋ #)	
PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Voices for Children of No. Central Florida

Name of Corporation

DOCUMENT NUMBER: N44595

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:

Susan Carpenter

Name of Contact Person

Firm/Company

21675 SW 102 Street Road

Address

Dunnellon FL 34431

City/State and Zip Code

shrtldy@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Carpenter

_{at} 352

4797112

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organiz r to change its registered office or register		
1. The name of t	he corporation: Voices for Children	of No. Central Florida	
	office address: 21675 SW 102 Stre		
3. The mailing a	ddress (if different): PO Box 4062 C	cala FL 34478	
4. Date of incorp	poration/qualification: 08.05.91	Document number: N44595	
	street address of the current registered ag		
	Resigned - Damian Perry/542	0 SE 32nd Place	
	Ocala FL 34471		
6. The name and (if changed):	street address of the new registered agent Susan Carpenter 21675 SW 102 Street Road P.O. Box NOT a	18 1. 6	
	Dunnellon FL 34431	ocepanie.	
		ddress of the business office of its registered agent, by its board of directors or by an officer so fied in writing of the change.	
2012 I	of the officer of director	Susan J Carpenter Printed or typed name and fille	
perjormance of agent. Or, if thi	the appointment as registered agent and ocomply with the provisions of all statuted by duties, and I am familiar with and ac	agree to act in this capacity. es relative to the proper and complete cept the obligation of my position as registered et a change in the registered office address, I	
MAL	asket	02.14.2014	
_	after of Registered Agent	Date	
If signing on bel	·		
Susan J Ca	ped or Printed Name		

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