

N950000001282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

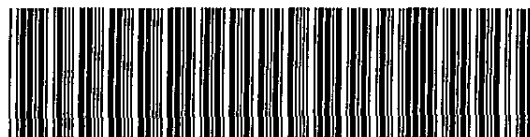
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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ROSE GARDEN CHILDREN'S FOUNDATION, INC.
(Name of corporation)

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:

DENISE EDMUNDS
(Name of person)

(Name of firm/company)

7510 Woodcroft Dr.
(Address)

Tampa, Fla. 33615
(City/state and zip code)

For further information concerning this matter, please call:

(Name of person) at (_____) _____
(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
409 E. Gaines Street
Tallahassee, FL 32399

**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: ROSE GARDEN CHILDREN'S FOUNDATION, INC.
2. The principal office address: _____
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3-17-95 Document number: N958001282
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

DENISE EDMUNDS
6148 OIL WELL ROAD
CLERMONT, FLORIDA 34711

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

DENISE EDMUNDS
8510 WOODDRIFT DR.
(P.O. Box or personal mailbox NOT acceptable)
TAMPA FL. 33615

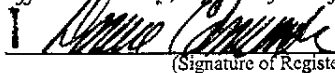
The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

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 of an officer, chairman or vice chairman of the board)

DENISE EDMUNDS
(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 of Registered Agent)

OCTOBER 15, 2002
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314