## N950000002118

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700302284677

08/11/17--81020--021 \*\*35.00

ZBITI AUG II PH IZ: 28
SECRE TE STATE AND SECRE TE STATE AND SECRE TE STATE AND SECRETARION OF THE SECRETARI

RAROCHS

AUG 15 2017

I ALBRITTON

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Teen Challenge Job Training, Inc			
DOCUMENT NUMBER: N9500002718			
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:			
SCOTT Nelson Name of Contact Person			
The state of Condition Conditions and Conditions and Condition Conditions and Con			
Firm/Company			
228 Markham Woods Rd.			
Languicoa, FL 32779-2843			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (706) 596-8731  Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section  Street Address: Amendment Section			

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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

In stant to the provisions of sections 607 0302, 617,0302, 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: Teen Challenge Job Training, Inc
2. The principal office address: 15 W. 10th St. Columbus  GA 31901
3. The mailing address (if different): 15W. 10th St. COLUMBUS  GA 31901
4. Date of incorporation/qualification:
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)
Ken Enlow (resigned)
13402 Lake Turnberry Circle
Crlando LFL 32828 US. PE
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Scott Nelson
228 Markham Woods Rd. 52 R
Longwood FL 32779-2843 U.S.
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.
Frie Wallak Brue Madded Coo
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 Date
If signing on behalf of an entity:
1 Signing on benan of an entity:  See 7 No. 1.  Typed or Printed Name

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314
CR2E045 (03/12)

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