1960000001638 Requester's Name

Christy's Home of Florida Inc. 1603 Mosaic Forest Driv Seffice FL 33584-5569 OUSER SAPER

Office Use Only

CORPORATION NAME(S)	& DOCUM	ENT NUMBER(S),	, (if known):
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1.			
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NEW FILING Profit Not for Pro Limited Li Domestica Other	ofit ability	AMENDMENTS Amendment Resignation of R.A. Change of Register Dissolution/Withda	
OTHER FILI	<u>NGS</u>	REGISTRATION/QU	ALIFICATION
Annual Re Fictitious 1		Foreign Limited Partnership Reinstatement Trademark Other	V. SHEPARD DEC 192000

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

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, undersigned corporation organized under the laws of the State of	/
submits the following statement in order to change its registered office	
State of Florida.	, i.
1. The name of the corporation: Christy's Home of Florid	Jr. Ivc
2. The mailing address of the corporation: 1603 Mosaic For	REST DRIVE SEFFWER, FL
33584-5569	·
3. Date of incorporation/qualification: March 22, 1994 Docum	nent number: <u>N9600001638</u>
4. The name and address of the current registered agent and registered	office:
2 /	8 98
BENNIE TAY/OR	
6817 SWAIN AVE	<u> </u>
1 Ampa, FL 33625	**
5. The name and address of the new registered agent (if changed) and /	or registered office (if changed):
BENNIE TAULOR	
1603 MOSAIC FOREST SRIVE	
SEHNER, FL 33584-5569	-
The street address of its registered office and the street address of the agent, as changed, will be identical.	ne business office of its registered
Such change was authorized by resolution duly adopted by its board authorized by the board.	d of directors or by an officer so
> Umil go	12-12-00 (Date)
(Signature of an officer, chairman or vice chairman of the board)	(Date)
DENNIE TAYLOR, VICE PRESIDENT	- *
(Printed or typed name and title)	
Having been named as registered agent and to accept service of procession, I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the objections.	nd agree to act in this capacity. to the proper and complete
registered agent.	
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	· · · · · · · · · · · · · · · · · · ·
(Typed or Printed Name)	(Capacity)

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