

N 9700006183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

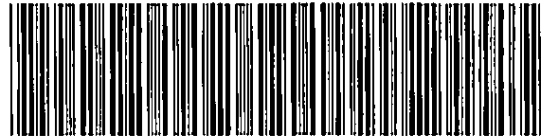
(Business Entity Name)

(Document Number)

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2019 JAN -2 PM 6:40

OFFICE OF STATE  
TALLAHASSEE, FL

C. GOLDEN

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kids Wish Network, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N97000006183

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:

Tam Keenan  
Name of Contact Person

Kids Wish Network, Inc.  
Firm/Company

4060 Louis Avenue  
Address

Holiday, FL 37691  
City/State and Zip Code

Tam@kidswishnetwork.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tam Keenan at (727) 937-3600  
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**

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kids Wish Network, Inc.  
2. The principal office address: 4060 Louis Ave Holiday, FL 34691  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11-3-97 Document number: N97000006183

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)

Lanzatella, Anna  
18741 Grand Club Drive  
Hudson, FL 34667

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

Lai Keenan, Tam  
4060 Louis Ave  
Holiday, FL 34691

P.O. Box NOT acceptable

SECRETARY OF STATE  
TALLAHASSEE, FL

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FILED

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.

Andrew M Gottlieb  
Signature of an officer or director

ANDREW M GOTTLIB, TREASURER  
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.

Tam Lai as Executive Director  
Signature of Registered Agent

12/19/2018  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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

CR2E045 (03/12)