N98000004946

Change Agent Programs, Inc.

Board of Directors

M. Louise Billingslea - Recruiter Orange County Public Schools Workforce Education *445 W. Amelia St. Orlando, Florida 32801 407.317.3200 x 4152 *fax 407.317.3343 billinm@ocps.k12.fl.us female, African-American, 50+

Margaret Alexandra Davis - Treasurer UNIQUE Homes & Investments, Inc. *805 E. Washington Street Orlando, FL 32801 425-9982 fax 425-0121 Female, Cuban-American, 40-50

Martha Marinara - Director University of Central Florida P.O. Box 161346 Orlando, Florida 32816-1346 407.823.5416 fax 823.6582 mmarinar@pegasus.cc.ucf.edu

Nord Sovik- Director Prince and the Pauper, Ltd. 3308 Magazine Street New Orleans, LA 70115 504.899.2378 fax 899-2259 e-mail - nord@gulfsouth.verio.alt nord@prince-pauper.com male, White, 40-50

*preferred contact 1/7/99:rev-4/28/99, 7/26/99, 9/6/99 *4837 Indialantic Drive Orlando, Florida 32808 *407.294.6878 Fax 407.294.6878 *Liblaina24@aol.com

> 600002985626--1 -03/13/99--01133--014 *****35.00 ******35.00

1365 Hibiscus Avenue Winter Park, FL 32789 629-5870

*10806 Scepter Drive Orlando, Florida 32817 *407.657.2053 FILED 99 SEP 13 PM 2: 31 SECRETARY OF STATE ANIASSEE, FLORIDA

Mark

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

Pursuant to the provisions of sections 607.0502, 617.0502, 6	607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the S	tate of <u>Florida</u>
submits the following statement in order to change its register	red office or registered agent, or both, in
the State of Florida.	1.0
1. The name of the corporation is: Change Haer	Trograms, Inc
2. The mailing address of the corporation is: PO BOX	540354
3. Date of incorporation/qualification: $\frac{8/28/9\%}{}$	Document number: <u>N980000 6 49 4</u> 6
4. The name and address of the current registered agent and of	fice: ZS 99
1 1. 11	9
Jan lynnell	
1338 Koosevelt ST	SSE 3 C
Orlando FL32804	
5. The name and address of the new registered agent and office	
Charlote Jones	NTE 31
5850 Windhover Dr.	-:
arlando, FL 32819	
The street address of its registered office and the street address agent, as changed, will be identical.	ss of the business office of its registered
Such change was authorized by resolution duly adopted by its authorized by the board.	s board of directors or by an officer so
(Signature of an officer, chairman of vice chairman of the board)	9-3-99 (Date)
Patricia A Coeceld, Clerk/Secy (Printell or typed name and title)	
Having been named as registered agent and to accept service corporation, I hereby accept the appointment as registered a I further agree to comply with the provisions of all statutes reperformance of my duties, and I am familiar with and accept registered agent.	e of process for the above stated gent and agree to act in this capacity. clative to the proper and complete the obligation of my position as
Chulte (me. (Signature of Registered Agent)	9/7/99 (Date)
V	(Dail)
If signing on behalf of an entity:	
hang Agent Promise Inc.	(Capacity)
O 61 Abort of 1 time of Agrice)	(Capacity)

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