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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: WOMEN'S COUNSEL INTERNATIONAL, INC. |
| (Name of Corporation) |
| DOCUMENT NUMBER: N98000006175 |
| 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: |
| Dr. Laurel T. Hughes, President |
| (Name of Contact Person) |
| Women's Counsel International, Inc. (Firm/Company) |
| D 0 0 050 |
| P. O. Box 653 (Address) |
| Forsyth, GA 31029 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| DR. PAT McEWEN at (321) 728-9291 |
| (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 Street Address: Amendment Section Division of Corporations |
| P.O. Box 6327 Clifton Building |
| Tallahassee, FL 32314 Le Board has rubed to: 2661 Executive Center Circle Tallahassee, FL 32301 |
| 1) Please remove Dottie L. Hewitt from the Board of Directors |
| and as Rigistered agent and all other offices |
| 1) Please remove Dottie L. Hewitt from the Board of Directors and as Rigistered agent and all other offices. 2) Please remove Sharon L. Turner as Treasurer ad Vice |
| W 1 6 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 3 Please install Dr. Par Mc Ewen as Director and Treasurer as well as Registered agent: |

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: WOMEN'S COUNSEL INTERNATIONAL, INC. | |
| 2. The principal office address: 816 MAGNOLIA BLOSSOM CT. APOPKA, FL 32712 | |
| 3. The mailing address (if different): P. O. Box 653, FORSYTH, GA 31029 | - |
| 4. Date of incorporation/qualification: 10/28/1998 Document number: N98000006175 3 1 | 丁ラ |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: | |
| DOTTIE HEWITT | |
| 816 MAGNOLIA BLOSSOM CT. | |
| APOPKA, FL 32712 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | |
| DR. PAT McEWEN | |
| 1014 VISTA OAKS CIRCLE | |
| (P.O. Box NOT acceptable) PALM BAY, FL 32905 | |
| 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. | |
| (Printed or typed name and title) LAUREL T. HUGHES, PRESIDENT, DIRECTOR (Printed or typed name and title) | |
| I hereby accept the appointment as begistered 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) (Signature of Registered Agent) | |
| 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 (8/05)