109900006422

(Re	equestor's Name)					
(Ad	ldress)					
`, , , , ,						
(Address)						
•	•					
(Cit	ty/State/Zip/Phone	#fi				
(0)	ryrotatorzipii none	, 117				
PICK-UP	☐ WAIT	MAIL				
	_	_				
(Bu	siness Entity Nan	ne)				
(Do	cument Number)					
Certified Copies	of Status					
Special Instructions to	Filing Officer:					
.,						

Office Use Only



800189142778



01/04/11--01058--003

aage na

2 /u//

COVER LETTER

TO:	Amendment Section Division of Corporations							
SUBJI	CCT: CHILDREN'S ADVOCACY FOUNDATION, INC. Name of Corporation							
DOCU	MENT NUMBER: N99000006422							
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please	return all correspondence concerning this matter to the following:							
	ANDREA MOORE							
	Name of Contact Person							
	Firm/Company							
	10665 NW 7TH PLACE Address							
	Address							
	CODAL EDDINGS EL 12074							
	CORAL SPRINGS, FL (13071 City/State and Zip Code							
	E-mail address: (to be used for future annual report notification)							
For fur	ther information concerning this matter, please call:							
	FRANK BACH at (850) 591-6714 Name of Contact Person Area Code & Daytime Telephone Number							
	Name of Contact Person Are a Code & Daytime Telephone Number							
Enclos	ed 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 Tallahassee, FL 32314 Tallahassee, FL 32301 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							

CR2E045 (8/05)

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

statement of cha	nge is submitted for a co	orporation organize	io7,1308, or 617,1308, Fil d under the laws of the Sta d agent, or both, in the Sta	ite of FLORIDA	-
1. The name of t	he corporation: CHIL	DREN'S ADV	OCAC:Y FOUNDA E, COFAL SPRINGS	TION, INC.	
3. The mailing a	ddress (if different): 10	665 NW 7TH PI	ACE, CORAL SPRI	NGS, FL 33071	
4. Date of incorp	ooration/qualification:	10/28/1999	Document number:	N99000006422	?
	street address of the cu tment of State: (If resign RESIGNED		at and registered office on	file with the	
6. The name and (if changed):	I street address of the ne		if changed) and for registe	red office	11 JAN - 4 PM
	10665 NW 7TH P	LACE			漢 3kg 4kg 4yg 35g 4yg
	CORAL SPRINGS	P.O. Box NOT as S, FL 33071	exeptable		\hat{\sigma}
as changed will	be identical.		dress of the business offi	r by an officer so age.	at,
	the appointment as resto comply with the pro- to comply with the pro- to am familiar with as ing filed merely to refle to been notified in writing	gistered agent and visions of all statute and accept the obligated a change in the age of this change.	KAREN GIE Printed or typed no act in this capaces relative to the proper action of my position as reregistered office address,		- nce his he
If signing on be	chalf of an entity: Typed or Printed Name		Date		_
	•	* * * 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)