

P020000110231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

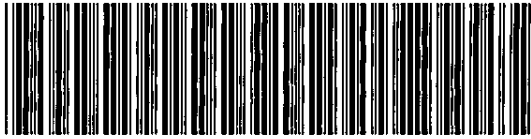
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Corrected document
by telephone call
JN 1/15/09

Office Use Only



200140076012

01/09/09--01008--014 **35.00

Ro chz

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 JAN -9 PM 4: 35

J. Roberts JAN 15 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Caring Hands Makes The Difference INC
(Name of Corporation)

DOCUMENT NUMBER: PO2000110231

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:

Edwin T. Harper
(Name of Contact Person)

Caring Hands Makes The Difference, INC.
(Firm/Company)

7410 S US Highway 1, Suite 407
(Address)

Port St Lucie, FL 34952-1420
(City/State and Zip Code)

For further information concerning this matter, please call:

Edwin T. Harper at (772) 528-8698
(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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Caring Hands Makes The Difference, Inc.
2. The principal office address: 768 SE Lansdowne AVE
Port St Lucie, FL 34983
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/10/02 Document number: P02000110231

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) Edwin T. Harper
768 SE Lansdowne AVE

Port St Lucie, FL 34983

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

7410 S US Highway 1
Suite 407
(P.O. Box NOT acceptable)
Port St Lucie, FL 34952-1420

FILED
SECRETARY OF STATE'S
DIVISION OF CORPORATIONS
09 JAN -9 PM 1:35

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.

Edwin T. Harper
(Signature of an officer or director)

Edwin Troy Harper
(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.

Edwin Troy Harper
(Signature of Registered Agent)

1/6/09
(Date)

If signing on behalf of an entity:

Edwin Troy Harper.
(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