P06000071890

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

RA change
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _Center for Organizational and Relational_
(Name of Corporation) _Excellence,_
Inc.

DOCUMENT NUMBER: _PO60000671890_

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:

Karen M. Speicher
(Name of Contact Person)

CORE
(Firm/Company)

10616 Riverview Dr
(Address)

Riverview, FL 33578
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Speicher at (_813_) _313 - 0995_
(Name of Contact Person)   (Area Code & Daytime Telephone Number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:	**Street Address:**
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

CR2E045 (8/05)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2007

KAREN SPEICHER
CENTER FOR ORGANIZATION AND RECREATIONAL
10616 RIVERVIEW DRIVE
RIVERVIEW, FL 33578

SUBJECT: CENTER FOR ORGANIZATION AND RELATIONAL EXCELLENCE, INC.
Ref. Number: P06000071890

We have received your document for CENTER FOR ORGANIZATION AND RELATIONAL EXCELLENCE, INC. and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong form was submitted.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor   Letter Number: 907A00062226

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: Center for Organizational and Relational Excellence, Inc.

2. The principal office address: 10616 Riverview Dr
   Riverview, FL 33578

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/22/2006 Document number: PO60000071890

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   Corporation Service Company
   1201 Hays Street
   Tallahassee, FL 32301

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

   Karen M. Speicher
   10616 Riverview Dr
   (P.O. Box NOT acceptable)
   Riverview, FL 33578

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.

_____   Karen Speicher, Vice Pres.
(Signature of an officer or director)   (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.

_____   1/10/2008
(Signature of Registered Agent)   (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

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