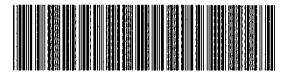
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(Re	questor's Name)	
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; PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s'of Status
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SEGRETARY OF STATE
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C.COULLIETTE

JUL 13 2009

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Community Resource Directory, Inc., Name of Corporation
DOCUMENT NUMBER: 10600130536
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:
Adelicia M. Vidal Name of Contact Person
Community Resource Directory, Inc.
17442 Glenapp Drive
Land Olakes, FL 34638 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adolicia M. Vidal at (813) 433-3908  Name of Contact Person at (813) 433-3908  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: Community Resource Directory, Inc.	
2. The principal office address: 17500 Gilenapo Drive, Land Olakos, FC	
34638	
3. The mailing address (if different): SAME	
PO 000 12 - 1-1	_
4. Date of incorporation/qualification: 10-13-00 Document number: 106000130.53	4
<ol><li>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)</li></ol>	
Becky Waramaker (resigned)	
17500 Glenapp Drive	
Landolakes, FL 34638 ====================================	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Adelicia M. Vidal	
1744Z Glenapp Drive	
Land Olakes, FL 34638	
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.	
Oddkia M. Vidal VP Signature of an officer or director  Adelicia M. Vidal VP 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.	
Oddžia M. Vida 6-25-09 Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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