P08092

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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FEB - 2 2017

C LEWIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 26, 2017

Order#: 463314-162

Re: CHILDREN'S COMPREHENSIVE SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Statutes, to ganized under the laws of the State of <mark>TN</mark> istered agent, or both, in the State of Florida.	his
1. The name of	the corporation: CHILDREN'S COMPF	REHENSIVE SERVICES, INC.	
	office address:	06	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 11/13/1985	Document number: P08092	-
	d street address of the current registered truent of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation	FL 33324	AVISI 2011
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered office	NVISION OF CO.
	Corporation Service Company		3
	1201 Hays Street		7. 33 33
	P.O. Box N	OT acceptable FL 32301	ω
The street addre	ess of its registered office and the stre be identical.	et address of the business office of its registere	ed agent,
		ted by its board of directors or by an officer so notified in writing of the change.	
_Xie		Jill Cilmi Vice President	
I hereby occept I further agree performance of agent. Or, if th hereby confirm	my duties, and I am familiar with and	atutes relative to the proper and complete d accept the obligation of my position as regist eflect a change in the registered office address	ered , I
•	nature of Registered Agent	01/26/2017	
		Date	
	half of an entity:		
	Asst. Vice President yped 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 * * *