

P090000078024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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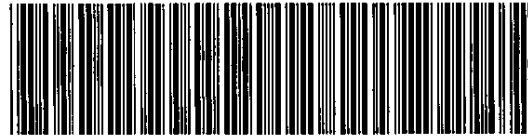
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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R.A. Chong
C.COULLIETTE

AUG 19 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLERMONT KIDZ CARE
Name of Corporation

DOCUMENT NUMBER: PO9000078024

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:

IRMA NYACK
Name of Contact Person

CLERMONT KIDZ CARE
Firm/Company

606 WEST AVENUE
Address

CLERMONT FL34711
City/State and Zip Code

inyack1395@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRMA NYACK at (407) 484-2303
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: CLERMONT KIDZ CARE
2. The principal office address: 606 WEST AVENUE, CLERMONT,
FL 34711
3. The mailing address (if different): 2582 SOUTH MAGUIRE RD,
SUITE 241, OCOEE FL 34761
4. Date of incorporation/qualification: 9-18-2009 Document number: PO9000078024
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)

PATRICIA MARK
2582 SOUTH MAGUIRE RD,
SUITE 241, OCOEE FL 34761

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

IRMA NYACK
1130 LAKE WHITNEY DRIVE
P.O. Box NOT acceptable
WINDERMERE, FL 34786

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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.

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.

PRESIDENT PHANK

Signature of Registered Agent

13 August 2010

Date

If signing on behalf of an entity:

Typed or Printed Name

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