

PO9000078024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 21 2012
T. LEMIEUX
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLERMONT KIDZ CARE
Name of Corporation

DOCUMENT NUMBER: P09000078024

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:

PATRICIA MARK

Name of Contact Person

CLERMONT KIDZ CARE

Firm/Company

606 WEST AVENUE

Address

CLERMONT, FL 34711

City/State and Zip Code

patsymark2001@yahoo.co.uk

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2012

PATRICIA MARK
606 WEST AVE
CLERMONT, FL 34711

SUBJECT: CLERMONT KIDZ CARE, INC.
Ref. Number: P09000078024

We have received your document for CLERMONT KIDZ CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

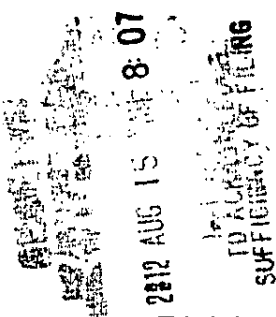
Please have an officer or director sign the document.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 112A00020442



**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 _____ 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): _____

4. Date of incorporation/qualification: 09/15/2009 Document number: P09000078024

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)

IRMA NYACK - RESIGNED
1130 LAKE WHITNEY DRIVE
WINDERMERE, FL 34786

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

PATRICIA MARK
4772 WINDSOR AVE,
P.O. Box NOT acceptable
ORLANDO, FL 32819

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2012 AUG 16 P 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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

PATRICIA MARK, PRESIDENT
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.


Signature of Registered Agent

July 30, 2012
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
CR2E045 (03/12)