

PI4 0000 53818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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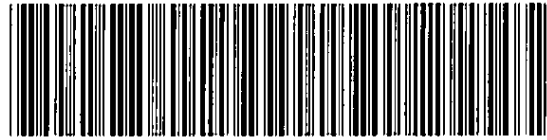
(Business Entity Name)

(Document Number)

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3/5/20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Azalea Park Child Care, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P14000053818

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:

Coleman Alan Petrie

Name of Contact Person

Azalea Park Child Care, Inc.

Firm/Company

155 South Court Ave., Unit 2715

Address

Orlando FL 32801

City/State and Zip Code

capetrie@gmail.com

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

For further information concerning this matter, please call:

Coleman Alan Petrie

Name of Contact Person

at ( 321 )

277-7061

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: Azalea Park Child Care, Inc.
2. The principal office address: 155 South Court Ave., Unit 2715 Orlando FL 32801
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/18/2014 Document number: P14000053818
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)

Coleman Alan Petrie

55 West Church St., Apt. 2918

Orlando, FL 32801

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

Coleman Alan Petrie

155 South Court Ave., Unit 2715

P.O. Box NOT acceptable

Orlando, FL 32801

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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.

Coleman Alan Petrie Vice President  
Signature of an officer or director

Coleman Alan Petrie, Vice 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.*

Coleman Alan Petrie  
Signature of Registered Agent

2/5/2020  
Date

If signing on behalf of an entity:

Coleman Alan Petrie

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 (04/13)