## P16000071584

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<u> </u>
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



000289364740

09/09/16--0:011--006 \*\*35.00

THE SEP -9 ANII: 51

C MCNAIK

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: CHILDREN'S PUBLISHING HOUSE CORP.	258
DOCUMENT NUMBER: P 16000071584	<b>3</b>
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:	
DOSEPH CROSSEN  Name of Contact Person	
CHILDREN'S PUBLISHING HOUSE CORP	
3307 NORTHLAKE BLUD #107	
PALMBEACH GARDENS, FL 33403 City/State and Zip Code	
DOE COMPLETE PROPERTY MGMT, COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at (561) 1632-1669  Area Code & Daytime Telephone Number	r
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: CHLDREN'S PUBLISHING HOUSE CORP
2. The principal office address: 3307 NORTHLAKE BLVD. #107
PALMBEACH GARDENS, FL 33403
3. The mailing address (if different):
approximation.
4. Date of incorporation/qualification: 8 31 2016 Document number: P 16000071584
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)
SOIEGEL & UTRERA P. A.
SPIEGEL & VTRERA, P.A. 1840 SOUTHWEST 22ND ST. 4TH FLOOR
Miami, FL 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JOSEPH CROSSEN
3307 NORTHLAKE BLUP, #107 & &
P.O. Box NOT acceptable
PALM BEACH GARDENS, FL 33403 9
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
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.
JOSEPH CROSSEN- PRESIDENT
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.
$(X_0)$
Signature of Registered Agent Sept. le , 201 le Date
If signing on behalf of an entity:
Tuned or Drinted Name
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