

P18000009107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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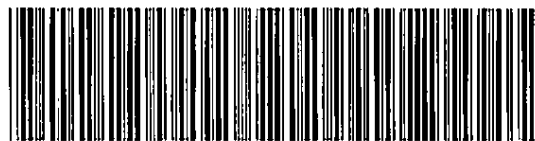
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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RA Change

OCT 30 2018

D. C. H. 11/1/18

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WOMEN AND CHILDREN'S VILLAGE KINS COMMUNITY, FLORIDA, INC.
Name of Corporation

DOCUMENT NUMBER: P18000009107

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:

John Hiestand

Name of Contact Person

Harbor Compliance

Firm/Company

1830 Colonial Village Ln

Address

Lancaster, PA 17601

City/State and Zip Code

filing@harborcompliance.com

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

For further information concerning this matter, please call:

Harbor Compliance

Name of Contact Person

at (**717**) **723-9317**

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

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STATE DEPT OF STATE
DIVISION OF CORPORATIONS
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**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: WOMEN AND CHILDREN'S VILLAGE KINS COMMUNITY, FLORIDA, INC
2. The principal office address: 8995 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/26/2018 Document number: P18000009107

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)

ROSENBERG, CUMMINGS, EDWARDS PLLC

802 NE 20TH AVE

FORT LAUDERDALE, FL 33304

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

REGISTERED AGENTS INC.

3030 N. Rocky Point Drive, STE 150A

P.O. Box NOT acceptable

Tampa, FL 33607

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.

Bruce Perlowin

Signature of an officer or director

Bruce Perlowin, 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.

Bill Havre

Signature of Registered Agent

10/12/2018

Date

If signing on behalf of an entity:

Bill Havre/Assistant Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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