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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Born Free Nurse-Midwifery, Inc
DOCUMENT NUMBER: P930000015458
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:
Janice Di Giora  Name of Contact Person
Name of Contact Leison
Born Free Nurse-Midwifery Inc
3237 Kennore Drive
Sara sota FLOrian 34231 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (508) 274-9474  Area Code & Daytime Telephone Number
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

statement of change is submitted for a corporation organized under the laws of the State ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Born Free Nurse-Midwifery Inc.
2. The principal office address: 3237 Kennore Prive
Sarasota FL 34231
3. The mailing address (if different): 2 Pond View LD
Chithen, ma 02633
4. Date of incorporation/qualification: 10/22/1443 Document number: 193000 75458
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)
JANICE DIGIOIA CNM MEN
912 Devonstice Way
Lake Wales, FL 33853
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
3237 Kenmore Drive 器
Sarasota, FLorida 34231 P.O. Box NOT acceptable
Sime agent
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.
Janie Duffor 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 yriting of this change.
Signature of Registered Agent 3/5/.12
$oldsymbol{V}$
If signing on behalf of an entity:
Typed or Printed Name
Types of Filmon remo

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