

P98000056129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

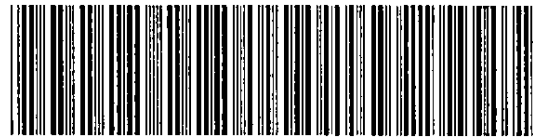
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/22/17--01006--025 \*\*35.00

2017 JUN 22 PM 2:13

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C. GOLDEN

JUN 27 2017

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CHILDREN OF AMERICA, INC.

Name of Corporation

**DOCUMENT NUMBER:** P98000056129

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:

Joe Letzelter

Name of Contact Person

Children of America

Firm/Company

5300 W Atlantic Avenue, #700

Address

Delray Beach, FL 33484

City/State and Zip Code

corprecords@coa.co

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

For further information concerning this matter, please call:

Sharmini Everett

Name of Contact Person

at ( 561 ) 900-1861

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



June 21, 2017

Fedex AWB#7794 6152 3489

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Children of America, Inc. – P 98000056129  
Change of Registered Office and Agent

TO WHOM IT MAY CONCERN:

Please find enclosed one (1) original and one (1) copy of the Statement of Change of Registered Office or Registered Agent or both for Corporations together with Check No. 013846 in the amount of Thirty-Five and 00/100 (\$35.00) Dollars.

Also enclosed is a stamped self-addressed envelope, would you be good enough to return a stamped copy to our offices please?

If you need any additional information please don't hesitate to contact the undersigned at (561) 900-1861 or via email at [sharminie@coa.co](mailto:sharminie@coa.co).

Thank you,

Sharmini Everett  
Executive Assistant

Enclosures: Check #013846  
Stamped SAE  
Statement of Change

F:\...coa\062117\trtoDoS

**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: CHILDREN OF AMERICA, INC.
2. The principal office address: 5300 W ATLANTIC AVE, SUITE 700  
DELRAY BEACH, FL 33484
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/23/98 Document number: P 98000056129

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)

Jim Perretty

5300 W. Atlantic Avenue, Suite 700

Delray Beach, FL 33484

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

Thad Pryor

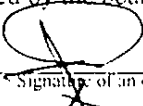
3008 S Ocean Boulevard, Unit B

P.O. Box NOT acceptable

Highland Beach, FL 33487

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

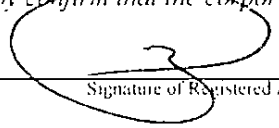
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Jim Perretty, CEO

\_\_\_\_\_  
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

06/21/17

\_\_\_\_\_  
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)

FILED  
2017 JUN 22 PM 2:13  
TALLAHASSEE, FLORIDA