| CRADLE TO CRAYONS CHILD CARE. INC. Principal Placto of Business Mailing Address | DOCUI | MENT # P990000 | 93614 | , , | | . } | | ~ | 1 1 | | |
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| 20 3.3.3.2.4 | C Eity & State | | | | | | | 111.522 | | | |
| REDMON, J. SHAD 4450 LAFATETE ST. MARRANNA FL 32446 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forcide 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forcide 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forcide 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forcide 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forcide 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forcide 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forcide 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forcide 8. The Above named entity submits this statement for the Purpose of Purpose | Zip | Country, | Zip / | | | 7 | | | \$8.75 Add | litional | |
| REDMON, J. SHAD 4450 LAFATETE ST. MARPANNA FL 32446 City FL Zip Code G. The above named entity submits; this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorids SIGNATURE: STORATURE ST | 32324 | | | Gad | Sdec | | | <u> </u> | | 3 | |
| A 450 LAFA/ETTE S.T. MARSIANNA F.I. 32446 City FL Zip Code City FL Zip Code City FL Zip Code 8. The above named entity suchtis this statement for the purpose of changing its registated office or registated agent, or both, in the State of Florida SIGNATURE State or privational circlinate agent and the 7 access Port Registration of State And Provides | · · · · · · · | | | | Name | | | | | | |
| B. The above named entity submits this statement for the purpose of changing its legistered office or registered agent, or both, in the State of Forida SIGNATURE: City FL Zip Code FL Zip | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 8. The above named entity supmits this statement for the purpose of changing its registered office or registered agen, or both, in the State of Florida 8. This corporation is eligible to eatility its Intangible Tax filting requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$55 | | | | | * : | | | | | | |
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