547480

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(,,
(Do	ocument Number)	
Certified Coples	Certifi <u>cates</u>	s of Status
Special Instructions to	Filing Officer:	
<u></u>		

Office Use Only



900024174929

11/03/03--01035--014 **35.00



11-b

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Proinchild Concention (Name of corporation)
DOCUMENT NUMBER: SH7480
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:
Jeff A Omeron (Name of person)
Brainchild Orgovation (Name of Arm/company)
967 4th Avence North
(Address)
Naples, Florida 34102 (City/state and zip code)
For further information concerning this matter, please call:
Jeff A Cameron #(239), 263-0100
(Name of 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 409 E. Gaines Street Tallahassee, FL 32399

' TO:

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	f
change is submitted for a corporation organized under the laws of the State of Florida in ord	ler
to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Brain Child Corporation	
2. The principal office address: 40 The Nove North	
Naples, Florida 34102	
3. The mailing address (if different):	_
4. Date of incorporation/qualification: 4 22 9 Document number: 547480	_
5. The name and street address of the current registered agent and registered office on file with the Son Son Florida Department of State:	N
Thomas G. Unsworth 質了	-
3504 Radio Road #3	T
Naples, Florida 34104	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Jest A Cameron	
967 HD Avenue North	
Naples Florida 34102	i
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 the board, or the corporation has been notified in writing of the change.	ry
M Cameron Jeff A Comoron (Signature of an officer or director) (Printed or typed pame 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 auties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document 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.	ny ! is
(M) Canen 10/20/03	
(Date)	_
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	

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