V37224

Requester's Name		•				· _
•						
Address						
City, GRAHAM, BUILDER, JO MARKS, I ATTORNEYS AT LA 369 NORTH NEW YORK	LLP	, , ,	5000C -06. ***)43979 /12/01010 ****35.00 *	85- 01100 :****35)9 5.00
Post Office Drawe Winter Park, Flori	R 1690	Of ER(S), (if kn	ffice Use Only			
1.				Zir O		
(Corporation Name)	(Do	ocument #)	<u> </u>	OLJUN 12	77	<u>-</u> -
Corporation Name)	(Do	ocument #)	<u> </u>			<u></u>
3(Corporation Name)			<u> –</u>	AM 9: 07 OF STATE		. <u>-</u>
(Corporation Name)	(D0	cument #)		TE A		
(Corporation Name)	(Do	cument #)		<u> </u>		=
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	☐ Photoco		Certified Certificat			- 7
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Change	Iment ation of R.A., of Registered ation/Withdray	l Agent	ector		
OTHER FILINGS Annual Report Fictitious Name	Foreign	1 Partnership tement	<u>LIFICATIO</u>	<u>ON</u>		
P25021/7/07\			Examiner's	s Initials		

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned	provisions of sections 607.05 corporation organized under to owing statement in order to ch	the laws of the Sta	te of Florida		
the State of Flor	rida			_	
1. The name of	the corporation : New Hori	zons Child Car	re, Inc,	*****	
2. The mailing a	address of the corporation : P	ost Office Bo	x 916172, Long	gwood, Florida 32	2791 <u>—</u>
3. Date of incom	rporation/qualification: May	1, 1993	Document number	593123769	_
4. The name and	d address of the current register	red agent and offic	e:		
	Simon J. Mendel			ಕ್ಷ ೧	
•	724 Hastings Street				
•	- Orlando, Florida 32	808			Same.
5. The name an	724 Hastings Street Orlando, Florida 32 Id address of the new registered (P.O.B. Samuel M. Nelso 369 North New York	l agent (if changed lox Not Acceptabl	l) and/or registered e)	office (if changed):	
	Samuel M. Nelso	on		FLO ST	2
	369 North New York	Avenue Süit	e 300	ATE ATE	į
	Winter Park, Florid	la 32789			
The street addragent, as change	ress of its registered office and ged, will be identical.	I the street address	s of the business o	ffice of its registered	
Such change wathorized by t	vas authorized by resol uti on du the board.	aly adopted by its	board of directors	or by an officer so	
-AL		4.4.		2/4/01	4
(Signature	e of an officer, chairman or vice chairma	in of the board)		(Date)	
Simon J. I		7		76.	
** · 7	(Printed or typed name and title)		of munecons for the	ahova statad	
Having been n corporation, I I further agree performance o registered age	named as registered agent and hereby accept the appointment to comply with the provisions of my duties, and I am familiar ent.	to accept service at as registered ag s of all statutes re- with and accept to	of process for the ent and agree to d lative to the prope the obligation of n	act in this capacity. er and complete ny position as	
	9/		66	101	
	(Signature of Registered Agent)		(Date)		
If signing on beh	alf of an entity:		A + 4:		
Samuel M.			Attorney	\	
	(Typed or Printed Name)		(Capacity	,	
	* * * FIL	ING FEE: \$35.00) * * *		
CR2E045(9/00)		, .			

TALLAHASSEE, FL 32314