

N21804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

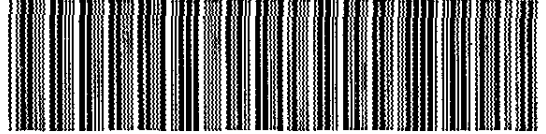
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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10/06/03--01035--012 **43.75

FILED
03 OCT -6 PM 2: 55
CLERK OF COURT
FALL HASSSEE, FLORIDA

Office Use Only

Amend / Name change / cc.
(19) 10/13/03

COUNSELING SERVICES FOR WOMEN, INC
Transpersonal Psychoanalysis & Meditation Therapy

Office: 8 S.E. 2nd Ave

Tel: 305-523-2234

jmunday1@yahoo.com

10/1/03

FILED
03 OCT - 6 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

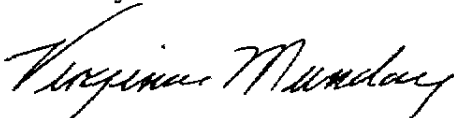
Florida Division of Corporations
POB 6327
Tallahassee, FL 32314

RE: Request for name change, Non-Profit : COUNSELING SERVICES FOR
WOMEN, INC. document #N21804

Enclosed please find completed form for name change, plus check totaling
\$43.75 representing \$35.00 name change fee and one certified copy at \$8.75.

Registered agent remains the same but with address change, shown in
the attached.

Thank you.



Virginia Munday
Director

Change RA Address
see Attached
2nd pg

Continuation (Articles Of Amentment

DESIGNATED REGISTERED OFFICE: 8 S.E. 2nd Ave., #401
Miami, FL 33131

DESIGNATED REGISTERED AGENT: Catherine Villano
8 S.E. 2nd Ave. #401
Miami, FL 33131
(305) 523 2234

ACCEPTANCE OF CONTINUED DESIGNATION AS REGISTERED AGENT:

Catherine Villano 10/1/2003
(Signature) (Date)

Catherine Villano

October 1, 2003