

FD6000007507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

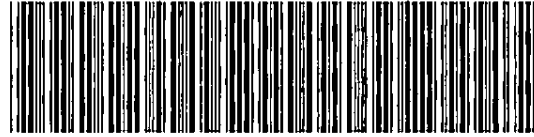
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Universidad Interamericana de Puerto Rico, Inc.
Name of Corporation

DOCUMENT NUMBER: F06000007507

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:

Luis Sanchez Santiago
Name of Contact Person

Universidad Interamericana de Puerto Rico, Inc.
Firm/Company

PO Box 363255
Address

San Juan, PR 00936-3255
City/State and Zip Code

lsanchezs@inter.edu
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Sanchez Santiago at (407) 274-9502
Name of Contact 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Universidad Interamericana de Puerto Rico, Inc.
2. The principal office address: Jardines Metropolitanos
399 Galileo Street San Juan, Puerto Rico 00927-4518 PR
3. The mailing address (if different): P.O. BOX 363255 San Juan, Puerto Rico 00936-3255 PR
4. Date of incorporation/qualification: December 4, 2006 Document number: F06000007507
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)

Annette Torres-Caraballo
13574 VILLAGE PARK DR. SUITE 150
ORLANDO, FL 32837 US

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

Luis Sanchez Santiago
13574 VILLAGE PARK DR. SUITE 150
ORLANDO, FL 32837 US
P.O. Box NOT acceptable

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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]
Signature of an officer or director

Olga Luna, VP of Finance
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]
Signature of Registered Agent

February 4, 2021
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