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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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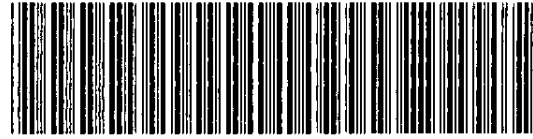
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Special City for Special People, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N 010000090.15

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:

Maria D. Gonzalez  
Name of Contact Person

Special City for Special People, Inc  
Firm/Company

8280 NW 27 St # 503  
Address

Miami FL 33122  
City/State and Zip Code

mariaadelak@servicesops.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria D. Gonzalez at (305) 592-1142  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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: Special City for Special People, Inc
2. The principal office address: 7310 NW 41st Miami FL 33166
3. The mailing address (if different): 8280 NW 27th St #503 Miami FL 33172
4. Date of incorporation/qualification: 02/07/08 Document number: N01000009015

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)

Nelly Perez - Resigned
7310 NW 41st
Miami FL 33166

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

Maria D Gonzales
8280 NW 27th St
P.O. Box NOT acceptable
Miami FL 33166

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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 of officer or director]

Signature of an officer or director

Maria D. Gonzales President

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 of Registered Agent]

Signature of Registered Agent

02/07/2011

Date

If signing on behalf of an entity:

Typed or Printed Name

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