# N07000001388

(Requestor's Name)	<del></del>
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	<u></u>
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	





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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

### SUBJECT: Children Beyond Our Borders, Inc

Name of Corporation

DOCUMENT NUMBER: NO7000001388

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:

#### Andrea Carolina Ortega

Name of Contact Person

#### Children Beyond Our Borders, Inc

Firm/Company

PO Box 568411

Address

Orlando FL 32856

City/State and Zip Code

andreao@chbob.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina Castano

,407

2766586

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

CR2E045 (03/12)



November 21, 2013

Andrea Carolina Ortega Children Beyond Our Borders, Inc. P.O. Box 568411 Orlando, FL 32856

SUBJECT: CHILDREN BEYOND OUR BORDERS, INC.

Ref. Number: N07000001388

We have received your document for CHILDREN BEYOND OUR BORDERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 813A00026985

Annette Ramsey Regulatory Specialist II

www.sunbiz.org

## 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Children Beyond Our Borders, Inc
2. The principal office address: 5472 Fitness Circle Apt 305
Orlando FL 32839
3. The mailing address (if different): PO BOX 568411, Orlando FL 32856
4. Date of incorporation/qualification: 02/05/2007 Document number: N0700001388
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)
SANCHEZ, GILBERTO E.ESQ. (RESIGNED)
201 SOUTH WESTLAND AVENUE
TAMPA, FL 33606
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):
Andrea Ortega
5472 Fitness Circle Apt 205
P.O. Box NOT acceptable
Orlando FL 32839
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.
Oscar Trujillo
I hereby accept the appointment as registered agent and agree to act in this capacity.  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 curporation has been notified in writing of this change.
Consequent Signature of Relational Agent 12/06/13
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
03/12)