

**N09 000003316**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

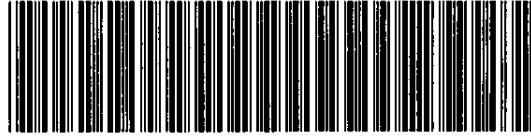
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SEP 25 2015  
C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Green & Black Band Parent Association Inc  
Name of Corporation

**DOCUMENT NUMBER:** N09000003316

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:

Ronda Fleites  
Name of Contact Person

Green & Black Band Parent Association  
Firm/Company

10621 Hammocks Blvd Apt 437  
Address

Miami FL 33196  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ronda Fleites at (786) 402 4743  
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: Green & Black Band Parent Association Inc
2. The principal office address: 10621 Hammocks Blvd Apt 437  
Miami FL 33196
3. The mailing address (if different): 10621 Hammocks Blvd Apt 437  
Miami FL 33196
4. Date of incorporation/qualification: 4/2/2009 Document number: N 0900000 3316
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)

Ronda Fleites  
14021 SW 152 Terrace  
Miami FL 33177

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

Ronda Fleites  
10621 Hammocks Blvd Apt 437  
P.O. Box NOT acceptable  
Miami FL 33196

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TALLAHASSEE, FLORIDA

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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

Ronda Fleites, 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]  
Signature of Registered Agent

9/15/15  
Date

If signing on behalf of an entity:

Green & Black Band Parent Assoc. - Ronda Fleites  
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