

N15000008793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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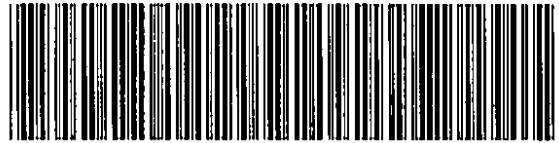
(Business Entity Name)

(Document Number)

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K. SALY  
JAN 16 2015

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Alexandra's Angels MS Foundation Inc.  
Name of Corporation

DOCUMENT NUMBER: N15000008793

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:

Alexandra Mastriana  
Name of Contact Person

Alexandra's Angels MS Foundation Inc.  
Firm/Company

1500 N Federal Hwy #200  
Address

Fort lauderdale, Florida 33304  
City/State and Zip Code

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

For further information concerning this matter, please call:

Alexandra Mastriana at ( 954 ) 566-1234  
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: Alexandra's Angels MS Foundation Inc.  
2. The principal office address: 1500 N Federal Hwy #200  
Fort lauderdale, Florida 33304  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9-8-2015 Document number: N15000008793

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)

Frank Ronald Mastriana  
1500 N Federal Hwy #200  
Fort Lauderdale, Florida 33304

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

Alexandra Mastriana  
1500 N Federal Hwy #200  
P.O. Box NOT acceptable  
Fort lauderdale, Florida 33304

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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 an officer or director

Alexandra Mastriana, 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

1-7-2019  
Date

If signing on behalf of an entity:

Alexandra Mastriana, President  
Typed or Printed Name

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