N93 00000 1039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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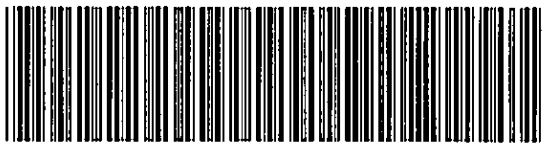

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COVER LETTER

TO: Amendment Section
Division of Corporations

The Organization of Women In International Trade-South Florida, Inc.

SUBJECT: _____
Name of Corporation

N93000001039

DOCUMENT NUMBER: _____

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:

Carolina Rendeiro

_____
Name of Contact Person

The Organization of Women in International Trade-South Florida, Inc

_____
Firm/Company

P.O. Box 141691

_____
Address

Coral Gables, FL 33114

_____
City/State and Zip Code

rendeirocarolina@gmail.com

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

For further information concerning this matter, please call:

Carolina Rendeiro 305 542-0299

_____ at (_____) _____
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)

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: The Organization of Women in International Trade-South FLorida, Inc.

2. The principal office address: P.O. Box 141691
Coral Gables, FL 33114

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/22/1993 Document number: N93000001039

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)

Resigned

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

Carolina Rendeiro

2000 Ponce de Leon Blvd, Suite 600

P.O. Box NOT acceptable

Coral Gables, FL 33134

2019 OCT 22 PM 5:44

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.

Carolina Rendeiro Pres.
Signature of an officer or director

Carolina Rendeiro
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.

Carolina Rendeiro
Signature of Registered Agent

October 16, 2019
Date

If signing on behalf of an entity:

Carolina Rendeiro, President
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