

N 99000006596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

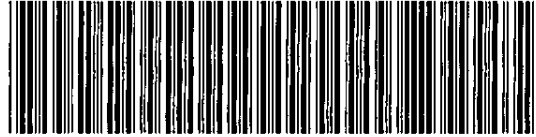
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten: 3/5/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mujeres Latinas Impulsando Mujeres Latinas Inc ■
(Name of Corporation)

DOCUMENT NUMBER: N99000006596

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:

Nelida Gomez aka "Linda Gomez"
(Name of Contact Person)

Mujeres Latinas IML
(Firm/Company)

16135 Emerald Estates Drive #363
(Address)

Weston, Florida 33331
(City/State and Zip Code)

For further information concerning this matter, please call:

Nelida Gomez aka "Linda Gomez" at (954) 389-1944
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2009

NELIDA GOMEZ
16135 EMERALD ESTATES DR., #363
WESTON, FL 33331

SUBJECT: MUJERES LATINAS IMPULSANDO MUJERES LATINAS, INC.
Ref. Number: N99000006596

We have received your document for MUJERES LATINAS IMPULSANDO MUJERES LATINAS, 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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 509A00004946

RECEIVED
2009 MAR -2 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MUJERES LATINAS IMPULSANDO MUJERES LATINAS, Inc.

2. The principal office address: _____

3. The mailing address (if different): P.O. Box 267336
WESTON, FL 33326

4. Date of incorporation/qualification: NOV/1999 Document number: N99000006596

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)

LINDA GOMEZ

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TALLAHASSEE, FLORIDA

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

NELIDA GOMEZ
16135 EMERALD ESTATES DR. # 363
(P.O. Box NOT acceptable)
WESTON, FL 33331

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)

BETTY SILVA
(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)

Feb 4/09
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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