## N9500000559

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

Office Use Only



700078416647

MAChange News

08/09/06--01015--014 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: VOLUSIA COUNTY HIS PANIC ASSOCIATION (Name of Corporation)  DOCUMENT NUMBER: 19500000559
DOCUMENT NUMBER: N9500000559
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:
(Name of Contact Person)
(Name of Contact Person)
(Firm/Company)
2612 CourtLAND BLVD
Deltona, FL 32738 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 687-9136 (Area Code & Daytime Telephone Number)
(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 (8/05)

## 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: VOLUSIA COUNTY HISPANIC ASSOCIATION TNC.
2. The principal office address: 26/2 COURTLAND BUD.
DELTONA, FL 32738
3. The mailing address (if different): PO BOX 390361
DELTONA, FL 32739-0361
4. Date of incorporation/qualification: 02/06/1995 Document number: N9500000559
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
RAFAEL A. VALLE
199 DELTONA BLUD STE19
Deltona, FL 32925
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
OSVALDO QUIROZ
26/2 COURTLAND BLUD 1
DELTONA, FL 32739-0361
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.
Olgo E. Hous OLGA E. FLORES TREASUREE/SECRETARY (Signature of an officer or director)
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 Regulator Agent) (Date)
If signing on behalf of an entity:
OSVALDO QUROZ. (Typed or Pfinted 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 CR2E045 (8/05)