





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2015

BARBARA M PIMENTEL  
PO BOX 520211  
MIAMI, FL 33152

SUBJECT: DORAL BUSINESS COUNCIL, INC.  
Ref. Number: N04000000899

We have received your document for DORAL BUSINESS COUNCIL, 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):

Section 6 is incomplete. Please complete section six with the new registered agent information.

*Completed as instructed, there were no changes for that section.*

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) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 315A00017494

RECEIVED  
15 AUG 28 AM 10: 58  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Doral Business Council, Inc.

Name of Corporation

**DOCUMENT NUMBER:** N04000000899

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:

**Barbara M. Pimentel**

Name of Contact Person

**Doral Business Council, Inc.**

Firm/Company

**PO Box 520211**

Address

**Miami, FL 33152**

City/State and Zip Code

**information@fcbf.com**

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

For further information concerning this matter, please call:

**Barbara M. Pimentel**

Name of Contact Person

at ( **305** ) **470-9597**

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: Doral Business Council, Inc.
2. The principal office address: 8228 NW 14th Street  
Doral, FL 33126
3. The mailing address (if different): P.O. Box 520211  
Miami, FL 33152
4. Date of incorporation/qualification: 2004 Document number: N04000000899
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)

Fabiola Dolcine, Registered Agent

8228 NW 14th Street

Miami, FL 33126

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

Fabiola Dolcine  
8228 NW 14th St.  
Miami, FL 33126

P.O. Box NOT acceptable

FILED  
15 AUG 23 AM 9:25  
TALLAHASSEE, FLORIDA

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

Barbara M. Pimentel, Treasurer

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

August 06, 2015

Date

If signing on behalf of an entity:

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