## The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	P	Title	TREASURER
Name	VELANDIA, ALFONSO E	Name	VALLE, SONIA C
Address	1869 MONTGOMERY BELL RD	Address	5927 ELLERBEE RD
City-State-Zip:	WESLEY CHAPEL FL 33543	City-State-Zip:	WESLEY CHAPEL FL 33545
Title	т		
Name	ROMERO, MARGO S		
Address	23238 CHELSEA LOOP		
City-State-Zip:	LAND O'LAKES FL 34639		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALFONSO E VELANDIA

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: No

**Current Mailing Address:** 

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

Entity Name: COMUNIDAD DE ATENCION A LA FAMILIA EXTENDIDA INC.

31704 SHIN CT WESLEY CHAPEL, FL 33545

DOCUMENT# N1800004550

**Current Principal Place of Business:** 

## FEI Number: 82-5346290

35356 STATE ROAD 54 ZEPHYRHILLS, FL 33541

REPORT

## Name and Address of Current Registered Agent:

VELANDIA, ALFONSO E 1869 MONTGOMERY BELL RD WESLEY CHAPEL, FL 33543 US