

416232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

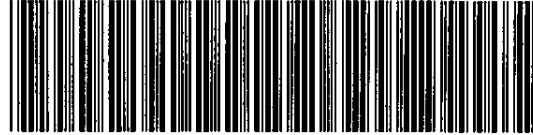
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800260041378

05/12/14--01042--016 **35.00

FILED
14 JUN 30 PM 2:28
SECRETARIAL
FALL HARBOR, PENNSYLVANIA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Central Florida Action Inc

DOCUMENT NUMBER: 416232

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pedro M Garcia

Name of Contact Person

Affinity Management Services

Firm/ Company

1430 NW 15 AVE

Address

Miami, FL 33125

City/ State and Zip Code

pmg@affinitymanagementservices.com

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

FILED
14 JUN 30 PM 2:28
TALLAHASSEE, FL
SECRETARY OF STATE

For further information concerning this matter, please call:

Pedro M Garcia

at (305)

325-4243

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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



RECEIVED

14 JUN 30 PM 4:48

OFFICE OF THE
SECRETARY OF
STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2014

PEDRO M GARCIA
AFFINITY MANAGEMENT SERVICES
1430 NW 15 AVE
MIAMI, FL 33125

SUBJECT: CENTRAL FLORIDA ACTION INC
Ref. Number: 416232

We have received your document for CENTRAL FLORIDA ACTION 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):

If you are just changing the registered agent information you can complete the registered agent change form (see attached). If you still want to file the amendment you must complete the last page in its entirety.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 614A00011940

**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: Central Florida Action Inc
2. The principal office address: 1430 NW 15 Avenue
Miami, FL 33125
3. The mailing address (if different): 407 Lincoln RD, Suite 4-C
Miami Beach, FL 33139
4. Date of incorporation/qualification: _____ Document number: 416232
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)

Chatani Shevak

407 Lincoln RD Suite 4-C

Miami Beach, FL 33139

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

Affinity Management Services, LLC

1430 NW 15 Avenue

P.O. Box NOT acceptable

Miami, FL 33125

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 of an officer or director

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 of Registered Agent

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

CR2E045 (03/12)

FILED
14 JUN 30 PM 2:28
TALLAHASSEE
SECRETARY OF STATE