

727884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Youth Co-Op, Inc.

Name of Corporation

DOCUMENT NUMBER: 727884

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:

Maria Rodriguez

Name of Contact Person

Youth Co-Op, Inc.

Firm/Company

5040 NW 7 Street, Suite 300

Address

Miami, Florida 33126

City/State and Zip Code

maria.rodriguez@ycoopmail.org

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

For further information concerning this matter, please call:

Maria Rodriguez

Name of Contact Person

305 643-6730

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: Youth Co-Op, Inc.
2. The principal office address: 5040 NW 7 Street, Suite 300, Miami, Florida 33126
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/23/1973 Document number: 727884
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)

Maria Rodriguez
3525 NW 7 Street
Miami, Florida 33125

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

Maria Rodriguez
5040 NW 7 Street, Suite 300
P.O. Box NOT acceptable
Miami, Florida 33126

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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.

Maria Rodriguez
Signature of an officer or director

Maria Rodriguez, President
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.

Maria Rodriguez
Signature of Registered Agent

10/5/2018
Date

If signing on behalf of an entity:

Youth Co-Op, Inc.
Typed or Printed Name

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