137458

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	(City/State/Zip/Phone #)
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DATE: 07/08/2024

NAME: MIAMI RESCUE MISSION, INC

TYPE OF FILING: CHANGE OF RA

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

. COVER LETTER

ŢO:

Amendment Section Division of Corporations

SUBJECT: MIAMI RESCUE MISSION, INC.	
Name of Corporation	
DOCUMENT NUMBER: 737458	
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Charles J. Rennert	
Name of Contact Person	
Rennert Vogel Mandler & Rodriguez P.A.	
Firm/Company	
100 S.E. Second Street	
Address	
Miami, FL 33131	
City/State and Zip Code	
crennert@rvmrlaw.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Charles J. Rennert	at (305) 577-1471
Name of Contact Person	at (305) 577-1471 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		registered agent, or both, in the State of Florid	'a.
1. The name of	the corporation: MIAMI RESCUE	MISSION, INC.	
2. The principal	office address: 3553 NW 50th Street	t, Miami, Florida 33142	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: December 6.	1976 Document number: 737458	
5. The name an		tered agent and registered office on file with the	2
	Jeffrey Tew Esq.		
	100 S.E. Second Street, Suite 2900		
	Miami, Florida 33131		
6. The name an (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	
	Anthony Villasuso		262
	3553 NW 50th Street		<u>ر</u>
		P.O. Box NOT acceptable	! دی
	Miami, Florida 33142		::
The street addr	ess of its registered office and the locidentical.	street address of the business office of its reg	istered agent,
Such change wanthorized by t	as authorized by resolution duly a he board, or the corporation has b	dopted by its board of directors or by an officen notified in writing of the change.	er so
Juffry tew		Jeffrey Tew Esq.	
	ire of an officer or director	Printed or typed name and title	
I further agree of my duties, a document is be	the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c	ent and agree to act in this capacity. Il statutes relative to the proper and complete he obligation of my position as registered age e in the registered office address, I hereby con hange.	eperformance ont. Or, if this ofirm that the
Oslan Ville	^	7/2/2024	
	gnature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	Typed or Printed Name		
	* * * FILI	NG FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

COVER LETTER

TO:

TO: Amendment Section Division of Corporations
SUBJECT: MIAMI RESCUE MISSION, INC. Name of Corporation
DOCUMENT NUMBER: 737458
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City/State and Zip Code
crennert@rvmrlaw.com
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at (305) 577-1471
Area Code & Daytime Telephone Number

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Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

Charles J. Rennert