

750648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

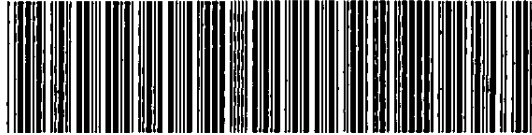
(Document Number)

Certified Copies _____

Certificates of Status _____

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2009 NOV -2 A 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change
Thurs
11-4-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAMI-DADE JUSTICE ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 750648

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:

YARA GARCIA
Name of Contact Person

MIAMI-DADE JUSTICE ASSOCIATION, INC.
Firm/Company

8004 NW 154 STREET #561
Address

MIAMI LAKES, FL 33016
City/State and Zip Code

executivedirector@miamidadejustice.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YARA GARCIA at (305) 458-1298
Name of Contact Person 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: MIAMI-DADE JUSTICE ASSOCIATION, INC.
2. The principal office address: 8004 NW 154 STREET #561
MIAMI LAKES, FL 33016
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/17/1980 Document number: 750648
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)

PABLO LANCELLA

9130 S. DADELAND BLVD, SUITE 1623

MIAMI, FL 33156

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

GREGORY R. HALLER, CPA

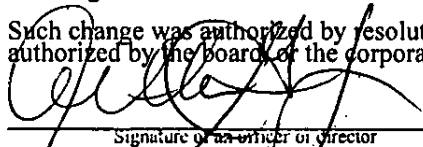
3225 AVIATION AVENUE, SUITE 500

P.O. Box NOT acceptable

MIAMI, FL 33133

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 of the corporation has been notified in writing of the change.

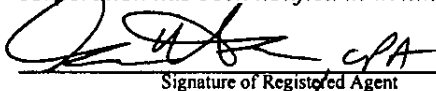


Signature of an officer or director

Arthur Garcia Jr.

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

10/21/2009

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**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA