## 770351

(Re	equestor's Name)	
(Address)		
(Address)		
(Cir	ty/State/Zip/Phone	#)
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to Filing Officer:		
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C. CARROTHERS

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJE	American Friends of Guatemala, Inc
	MENT NUMBER: 770351
	MENI NUMBER:
The end	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Gladys Villatoro
	Name of Contact Person
	Firm/Company
	2440 sw 64th ave
	Address
	Miami Fl. 33155
	City/State and Zip Code
	Gladysv@corcointernational.com
	E-mail address: (to be used for future annual report notification)
For fun	ther information concerning this matter, please call:
Gla	dys Villatoro at (786 ) 3702181  Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclose	ed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

CDOBNAS (NOTIO)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organization and to change its projection of the second of the	nized under the laws of the State of Florida	
in order to change its registered office or regist  1. The name of the corporation: American Friends		
2. The principal office address: 2440 SW 64th Ave		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 09/18/1983	Document number: 770351	
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned)		
Corporation Company of Mia	mi For A II	
Corporation Company of Miami  1607 Ponce De Leon Blvd. Suite 201		
Coral Gables, FL 33143		
6. The name and street address of the new registered age (if changed):  Gladys Villatoro	nt (if changed) and /or registered office	
2440 SW 64th Ave , Miami ,	FI. 33155	
P.O. Box NOT		
The street address of its registered office and the street as changed will be identical.  Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not		
To	Felipe Bosch	
Stepayer of an officer or director  I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to reflehereby confirm that the corporation has been notified in	utes relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address. I	
challeto-	06/23/2016	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		