

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/04/2024	_	##TT / # # # TA Think
		WALK IN
ENTITY NAME Intern	ational Relief Teams, Inc.	
DOCUMENT NUMBER	<u> </u>	
	PLEASE FILE THE ATTACHED AND RETUR	PN
xxxxxxxx	Plain Copy	
	Certified Copy Certificate of Status	MHII: 40
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOV	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATI	ON
COUNTRY OF DESTINA	ATION	
NUMBER OF CERTIFIC	PATES REQUESTED	
TOTAL OWED \$35		#: I20160000072
		R FAO
Please call Tina at	the above number for any issues or concerns.	Thank you so much!

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

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statement of cha	provisions of sections 607.0302, 61 nge is submitted for a corporation r to change its registered office or	organized under the laws of the	State of Sacra	mento.		
1. The name of t	he corporation: International Relief	Teams, Inc.				
2. The principal	office address: 3545 Camino del Ric	o S., Suite A San Diego, CA 9210	8			-
3. The mailing a	ddress (if different):					-
4. Date of incorp	xoration/qualification: 05/21/1990	Document number:	F0300000458	1		_
	street address of the current regist timent of State: (If resigned, enter r		on file with th	e		
	C T Corporation System		-			
	1200 South Pine Island Road					
	Plantation, FL 33324			•	m <u>i</u> ∵0	
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or reg	istered office		04:11 W 1-8:3400	
	URS Agents, LLC		<u>;</u>	100 100	=	Ę
	3458 Lakeshore Drive		Ļ	ATE	0	
		P.O. Box. NOT acceptable				
	Tallahassee, Fl. 32312					
The street addre as changed will	ss of its registered office and the be identical.	street address of the business o	ffice of its reg	isterec	d agent	
Such change wa	s authorized by resolution duly ac c board, or the corporation has be	dopted by its board of directors cen notified in writing of the ch	or by an officiange.	er so		
angeli	ed Canano	Angelica Ocampo, Execu	ative Director/C	TO		
Signatur I hereby accept I further agree to of my duties, bein document is bein corporation has	the appointment as registered age of comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this cap ll statutes relative to the proper ne obligation of my position as e in the registered office addres			ormanc or if thi that the	۲ ج د
Kim	berly Rogero	2.3	29 24	/		
	nature of Registered Agent	- Date	ic (
If signing on bel	nalf of an entity:					
Kimberly Rogers						
Ty	ped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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