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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

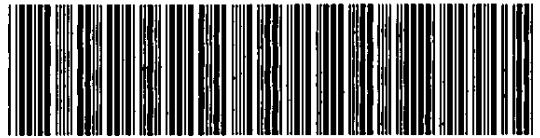
(Business Entity Name)

(Document Number)

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FILED  
10 APR 20 AM 11:22  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**To: FL  
Corporation Division.**

Re: HISPANIC NATIONAL BAR FOUNDATION, INC.

Enclosed please find one Statement of Change form and a check for \$ 35.00  
for the filing fee.

If there are any questions regarding this filing please call Lara Kleinheinz at  
1-866-924-9247 ext. 225

**Please return all completed documents to:**

CTProComply  
Attn: Filing Department  
8040 Excelsior Drive, Suite 200  
Madison, WI 53717

Best Regards,

Filing Department  
CTProComply

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 D.C.

1. The name of the corporation: HISPANIC NATIONAL BAR FOUNDATION, INC.

2. The principal office address: 1900 K Street, Suite 100, Washington, D.C. 20006

3. The mailing address (if different):

4. Date of incorporation/qualification: 2/18/2005 Document number: F05000001147

MAYDA PREGO

2333 PONCE DE LEON BLVD, FOURTH FLOOR

CORAL GABLES, FL 33134

## C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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.

Mull

Signature of an officer or director

### Mark Williams, Attorney in Fact

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.*

By:

Null

Signature of Registered Agent

4/16/10

Date \_\_\_\_\_

If signing on behalf of an entity:

**Mark Williams, A.V.P.**

Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

## POWER OF ATTORNEY

**NOTICE IS HEREBY GIVEN THAT** Hispanic National Bar Foundation, Inc, an entity incorporated under the laws of the District of Columbia does hereby appoint Mark Williams and Terese Coulthard, employees of CTProComply and acting solely in the capacity as employees of CTProComply, as attorney-in-fact for the Incorporation to act for the Incorporation and in the Incorporation's name for the limited purposes authorized herein.

The Incorporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Incorporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CTProComply, as directed and authorized by the Incorporation. The attorney-in-fact will not make such changes without the prior approval of the Incorporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Mark Williams or Terese Coulthard, shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

**IN WITNESS WHEREOF** the undersigned has executed this Power of Attorney on this 13<sup>th</sup> day of April, 2010.

The Hispanic National Bar Foundation, INC  
A District of Columbia Nonprofit entity

By: Mayda Prego  
Name: Mayda Prego  
Title: President

State of Florida  
County of Miami-Dade

On April 13, 2010, before me, the undersigned, a Notary Public in and for said State, personally appeared Mayda Prego personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Greta T. Cardozo  
Greta Cardozo, Notary Public

