

F10000004909

(Donor's Name)

LAW OFFICES OF  
STEPHEN M. FELDMAN, INC.  
15915 VENTURA BOULEVARD  
SUITE 201  
ENCINO, CALIFORNIA 91436

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(Business Entity Name)

(Document Number)

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Change

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TALLAHASSEE, FLORIDA

AKR  
7/15/11

**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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PARAGUAY HUMANITARIAN FOUNDATION, INC.
2. The principal office address: 1550 MADRUGA AVENUE, SUITE 330  
CORAL GABLES, FL 33146
3. The mailing address (if different): 15915 VENTURA BOULEVARD, SUITE 201  
ENCINO, CA 91436-2741
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_
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)  
JOSE AVILA  
6580 SANTONA STREET #35  
CORAL GABLES, FL 33146

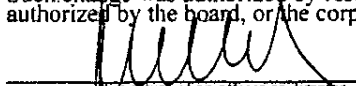
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOSE AVILA  
1550 MADRUGA AVENUE, SUITE 330  
P.O. Box NOT acceptable  
CORAL GABLES, FL 33146

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

  
\_\_\_\_\_  
Signature of an officer or director

JOSE AVILA, VICE-CHAIRMAN:  
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

JULY 11, 2011  
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  
CR2E045 (8/05)