

F120000000 364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

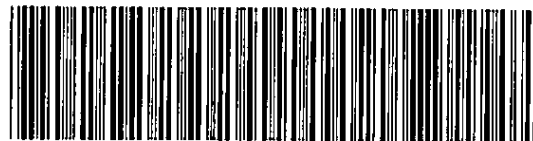
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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R. WHITE  
SEP 01 2019

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mi Familia Vota Education Fund

Name of Corporation

**DOCUMENT NUMBER:** F12000000364

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:

James Davis

Name of Contact Person

Mi Familia Vota Education Fund

Firm/Company

1140 E Washington St Ste 206

Address

Phoenix, AZ 85034

City/State and Zip Code

jamesd@mifamiliavota.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Davis

Name of Contact Person

at ( 602 ) 263-2036 ext 101

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 Washington, DC \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Mi Familia Vota Education Fund
2. The principal office address: 1140 E Washington St Ste 206  
Phoenix, AZ 85034
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: F12000000364

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)

Nancy Batista (Resigned)

5449 S Semoran Blvd Ste 19A

Orlando, FL 32822

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

Soraya Marquez

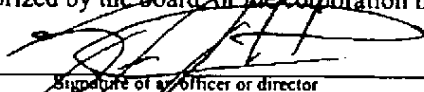
5449 S Semoran Blvd Ste 19A

P.O. Box NOT acceptable

Orlando FL 32822

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

Francisco Heredia, Interim CEO

Printed or typed name and title

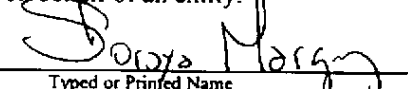
*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or if 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

8/22/19

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 (03/12)

2019 AUG 29 PM 1:50