

F180000003378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED IN 180000003378

09/05/23

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clinica Campesina Family health Services
Name of Corporation

DOCUMENT NUMBER: F1800000 3378

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:

Malena Archuleta

Name of Contact Person

Clinica Family health Services

Firm/Company

1735 S public Rd Ste 201

Address

Lafayette CO 80026

City/State and Zip Code

marchuleta@clinica.org
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Malena Archuleta

Name of Contact Person

at (303) 665 3036 X1078
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: Clinica Campesina Family Health Services
2. The principal office address: 1735 S public Rd Ste 201

3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 07/27/1977 Document number: F18000003378

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)

Karina Martinez 2641 Funston St
Hollywood, Florida 33020

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

Cris Parada 209 S Glenwood Ave
Orlando, FL 32803
P.O. Box NOT acceptable

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Division of Corporations

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.

Brian Johnston
Signature of an officer or director

Brian Johnston, CFO
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.

Cris Parada
Signature of Registered Agent

9/1/2023
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 (04/13)