

F190000003277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

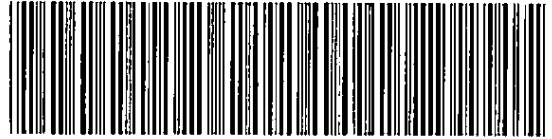
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000423093690

RA & RO Change

FILED
2024 FEB 27 AM 9:01

RECEIVED
2024 FEB 27 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

MAR -1. 2024

002050, 01092, 00671

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 02/26/2024

****WALK IN****

ENTITY NAME ORAM - ORGANIZATION FOR REFUGE, ASYLUM & MIGRATION, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$35

ACCOUNT #: I20160000072

S. R. F/M

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2024

CORRECTED
Please Allow For
Same File Date

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

TALLAHASSEE, FL 32312

SUBJECT: ORAM - ORGANIZATION FOR REFUGE, ASYLUM & MIGRATION,
INC.

Ref. Number: F19000003277

We have received your document for ORAM - ORGANIZATION FOR REFUGE, ASYLUM & MIGRATION, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 424A00004381

RECEIVED
2024 FEB 29 AM 11:23
TALLAHASSEE
SIE
6106

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

1. The name of the corporation: ORAM - Organization for Refuge, Asylum & Migration, Inc.
2. The principal office address: 1325 Quincy St. NE, Suite A-1 Minneapolis, MN 55413
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/24/2008 Document number: F19000003277
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)

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

URS Agents, LLC

3458 Lakeshore Drive

P.O. Box NOT acceptable

Tallahassee, FL 32312

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.

Steve Roth
Signature of an officer or director

Steve Roth, Executive Director

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]
Signature of Registered Agent

2-20-24

Date

If signing on behalf of an entity:

JESSICA MONTJOY - ASSISTANT SECRETARY

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)

FILED
2024 FEB 27 AM 9:01
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT