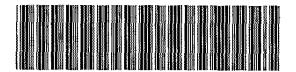
## N00000004819

(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:
Corrected corp same by telephone call M 10/31/26
M 10/31/26
, , , , ,

Office Use Only



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FILED

OF OCT 30 PH 1: 10

FALLANASSEE, FLORIDA

T Roberts (ICT 312)

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: En	powerment Alliance of Southwest Florida Community Development C (Name of Corporation) Corporation
	Corporation
DOCUMENT N	UMBER: N0000004819
The enclosed Stat	tement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all c	correspondence concerning this matter to the following:
	Dorothy Cook .
	(Name of Contact Person)
	Empowerment Alliance of Southwest Florida Community Development
	(Firm/Company) Corporation
	750 South Fifth Street
	(Address)
	Immokalee, FL 34142
	(City/State and Zip Code)
For further inform	nation concerning this matter, please call:
Dorothy	GLL }
(N	ame of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35	.00 check made payable to the Department of State.
	Total Comment & Samuel

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Empowerment Alliance of Southwest Florida Communi
2. The principal office address: 750 South Fifth Street
Immokalee, FL 34142
3. The mailing address (if different): same
4. Date of incorporation/qualification: 7/19/2000 Document number: N00000004819
5. The name and street address of the current registered agent and registered office on file with the
Barbara Cacchione
Florida Department of State:  Barbara Cacchione  750 South Fifth Street  Immokalee, FL 34142
Immokalee, FL 34142
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Dorothy Cook
750 South Fifth Street (P.O. Box NOT acceptable)
Immokalee, FL 34142
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)  JEFE Barwick Secretary (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.    10   26   06     (Signatury of Registered Agent)   (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)