NO2-000009721

(Requ	uestor's Name)	
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(City/:	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

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100270661991

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MAR 3 0 2015 C. CARROTTILL

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: FUNRHAU FOUNDATION OF FLURIDA INC. Name of Corporation		
DOCUMENT NUMBER:		
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:		
MARIE V. Rhau Name of Contact Person		
FONRHAU POUNDATION OF FLORIDA INC. Firm/Company		
1000 ISLAND BLOW. Apt. 706 Address		
AVENTURA FL. 33160 City/State and Zip Code		
Email address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
MARIE / Rhay at (305) 613 - 4515 Name of Contact Person Area Code & Daytime Telephone Number		
/ Name of Contact Person 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 FLOR IDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: FONRHAU FOUNDATION OF FLORIDA INC.
2. The principal office address: 1000 ISLAND Bldv. Apt. 706 Aventura, RC. 33180
AVENTURA, KC. 33180
3. The mailing address (if different): 5AMC
4. Date of incorporation/qualification: 12/18/02 Document number: <u>n0200009731</u>
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)
CORPORATE CREATIONS METWORK INC.
11380 PROSPERITY FARMS ROAD # 221E 5 49
PAIM BEACH GARdens, PL. 33410
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
BERNADETTE G. HYACINTHE
8947 PALM TREE LAME
BERNADETTE G. HYACINTHE 8947 PALM TREE LANE P.O. BOX NOT acceptable PEMBROKE PINES FL 33024
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.
Separture of an officer or director Marie Marie J. Rhay PAESIDENT
I herebylaccept 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 Registrated Agent Date
If signing on behalf of an entity:
13 ER NA DETTE G- 14 ACINTHE Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *