

# ND3000007315

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

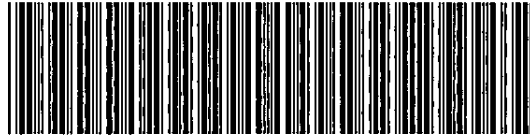
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dante Faocell Elementary School PTA, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N 03 00000 7315

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:

Debbie Gamundi  
Name of Contact Person

Dante Faocell Elementary School PTA, Inc.  
Firm/Company

15625 SW 80<sup>th</sup> Street  
Address

Miami, FL 33193  
City/State and Zip Code

dgamundi@dadeschools.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Gamundi at ( 305 ) 380-1901  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dante Fossell Elementary School PTA Inc.
2. The principal office address: 15625 SW 80<sup>th</sup> Street  
Miami, FL 33193
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/26/2003 Document number: N03000007315
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)

Ann L. Feathers 15625 SW 80 ST. Miami FL 33193  
resigned

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

Lara Correa 15425 SW 80 ST. Miami, FL 331

P.O. Box NOT acceptable

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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.

Ann L. Feathers  
Signature of an officer or director

Ann L. Feathers  
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.*

Lara Correa  
Signature of Registered Agent

7/30/16  
Date

If signing on behalf of an entity:

Lara Correa  
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