N03000010549

(Red	questor's Name)	······································			
(Add	dress)				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
		ŀ			

Office Use Only



400035430854

05/07/04--01063--011 **35.00

ON HAY -7 MY 9: 03

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations					
SUBJI	ECT: One Catholic Voice for Action, ITC.					
	ECT: One Catholic Voice for Action, INC. (Name of corporation)					
DOCL	MENT NUMBER: N03000010549					
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	John C. Barrmer (Barmmer) (Name of person)					
	(Name of person)					
One Catholic Voice for Action , TAC						
	One Catholic Voice for Action, INC. (Name of firm/company)					
	•					
	7380 SW 166th Street					
	(Address)					
	Miami, FL 333157					
•	(City/state and zip code)					
For fur	ther information concerning this matter, please call:					
=	John C. Barrmer (Rarmer) at (305) 815 - 1686 (Name of person) (Area code & daytime telephone number)					
Enclose	ed is a \$35.00 check made payable to the Department of State.					
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

_	_		607.1508, or 617.1508, Florida Statutes,	this statement of
			laws of the State of Florida	in order
to change its reg	istered office or reg	gistered agent, or both,	in the State of Florida.	
1. The name of t	he corporation:	One Catholic Voice	for Action Tac	
2. The principal	office address: 738	0 SW 166 th Street		
	Mi	ami, Florida 333157		
3. The mailing a	ddress (if different):	<u> </u>		
4. Date of incorp	ooration/qualification	n: 11/30/03	Document number: N03000010549	
	l street address of the tment of State:	e current registered age	ent and registered office on file with the	TALL OF
		Kevin K. Baird		
		5981 NE Sixth Av	е	Jass L-1
		Miami, Florida 33	157	
6. The name and (if changed):	street address of the	e new registered agent	(if changed) and /or registered office	9: 03 STATE FLORIDA
		Steven K. Baird	, P.A.	_
		5981 NE Sixth A	Ave	_
		(P.O. Box or personal ma	uilbox NOT acceptable)	_
		Miami, Florida 3315	57	
The street addre	ss of its registered identical.	office and the street a	ddress of the business office of its registe	ered agent, as
Such change Wa the board, or the	as authorized by res gorporation has be	solution duly adopted been notified in writing	by its board of directors or by an officer of the change.	so authorized by
	ignature of an officer or d	irector)	John C. Barrmer (Barmme and (Printed or typed name and	er) Franchent
been notified in	the appointment as to comply with the p to familiar with and ely to reflect a chan writing of this chai (Signafare of Registered A	nge.	agree to act in this capacity. tes relative to the proper and complete p of my position as registered agent. Or, i fice address, I hereby confirm that the c	erformance of my if this document is orporation has
/	half of an entity:		/ 0	
John-han	Left Farmmer		Pracident	
	(Typed or Printed Name))	(Capacity)	

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