

ND40000001390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

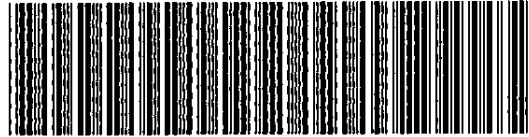
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@ 6/30/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT Council of Spanish Speaking Organizations, Inc.
Name of Corporation

DOCUMENT NUMBER: ND400000 1390

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:

Nilda Alejandro
Name of Contact Person

Firm/Company

10960 Beach Blvd., Unit 115
Address

Jacksonville, Florida 32246
City/State and Zip Code

elconciliojax@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nilda Alejandro at (904) 994-6711
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: Council of Spanish Speaking Organizations, Inc.
2. The principal office address: 10960 Beach Blvd, Unit 115
Jacksonville, Florida 32246
3. The mailing address (if different): P.O. Box 16186, Jacksonville,
Florida 32245
4. Date of incorporation/qualification: 2/11/2004 Document number: NO4000001390
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)

(old address) Nilda Alejandro (same)
4800 Saddlehorn Trail
Middleburg, Florida 32068

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

Nilda Alejandro (stays the same)
10960 Beach Blvd. Unit 115
P.O. Box NOT acceptable
Jacksonville, Florida 32246

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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.

Nilda Alejandro
Signature of an officer or director

Nilda Alejandro
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.

Nilda Alejandro
Signature of Registered Agent

6-22-11
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