## N05000004469

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

SUBJECT: University College of the Caribbea	an Foundation II S
(Name of Co	orporation)
DOCUMENT NUMBER: N05000004469	
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:
Mr. Donald Roomes	
(Name of Con	tact Person)
University College of the Caribb (Firm/Con	pean Foundation-U.S., Inc. mpany)
10615 SW 150th Street	
(Addre	ess)
Miami, Florida	33196-6559
(City/State and	•
For further information concerning this matter, please ca	all:
Mr. Donald Roomes (Name of Contact Person)	at ( 305 ) 348-6874 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departn	nent 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

TO:

Amendment Section Division of Corporations

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: University College of the Caribbean Foundation -U.S., Inc.
2. The principal	office address: 8936 W. Flagler Street, Building 27, Unit 214
	Miami, Florida 33174
3. The mailing a	address (if different): N/A
4. Date of incor	poration/qualification: April 27, 2005 Document number: N05000004469
	d street address of the current registered agent and registered office on file with the rtment of State:
	Mr. Winston Adams
	8936 W. Flagler Street, Bldg. 27, Unit 214
	Miami, Florida 33174
6. The name and (if changed):	Mr. Winston Adams  8936 W. Flagler Street, Bldg. 27, Unit 214  Miami, Florida 33174  distreet address of the new registered agent (if changed) and /or registered office  Mr. Donald Roomes
	Mr. Donald Roomes
	16015 SW 150th Street
	(P.O. Box NOT acceptable)
	Miami, Florida 33196-6559
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
(Signati	Winston Adams, UCCF Director  We of an officer or director)  (Printed or typed name and title)
I hereby accept I further agree to of my duties, and document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
(Sig	gnature of Registered Agent)  3/21/07 (Date)
If signing on be	half of an entity:
Donald Room	es
ľ	Typed or Printed Name)

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