

NO 7000002545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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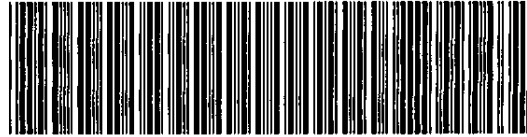
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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AUG 05 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CRIME VICTIMS RESOURCE NETWORK
Name of Corporation

DOCUMENT NUMBER: NO 7 00000 2545

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:

MARITZA LOPEZ DELGADO
Name of Contact Person

CRIME VICTIMS RESOURCE NETWORK
Firm/Company

555 N.E. 34TH STREET, # 1210
Address

MIAMI, FLORIDA 33137
City/State and Zip Code

TECHZERO@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARITZA LOPEZ DELGADO at (786) 231-4870
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: Crime Victims Resource Network INC.
2. The principal office address: 555 N.E. 34th Street, # 1210, Miami, Florida 33137
3. The mailing address (if different): P.O. Box 22-7096, Miami, Florida 33222
4. Date of incorporation/qualification: 3/9/2007 Document number: 107000002545
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)

782 NW 42nd Avenue, # 343

Miami, Florida 33126

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

Maritza Lopez Delgado

P.O. Box NOT acceptable

555 N.E. 34th St., # 1210, Miami, FL 33137

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.

Maritza Lopez Delgado
Signature of an officer or director

Maritza Lopez Delgado, Pres.
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.

Maritza Lopez Delgado
Signature of Registered Agent

8/1/2011
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

CR2E045 (8/05)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 AUG -5 PM 2013