

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C

: CORPDIRECT AGENTS, INC.

Account Number : Phone :

110450000714 (850)222-1173

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000409.107998



DESCRAMA FOUNDATION - PSYCHOSOCIAL INTERVENTION, INC

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

| POR CORPORA (10NS  |
|--|
| 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: DIAGRAMA FOUNDATION - PSYCHOSOCIAL INTERVENTION, INC.  |
| 2. The principal office address: Avenida Ciudad de Almeria 10  |
| Murcia, Spain 30002  |
| 3. The mailing address (if different):   |
| 4. Date of incorporation/qualification: June 19, 2007 Document number: N07000006111  |
| 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)   |
| Jones Foster Service, LLC  |
| 505 South Flagler Drive, Suite 1100  |
| West Palm Beach, Florida 33401   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| CorpDirect Agents, Inc.  |
| 515 East Park Avenue   |
| P O. Box NOT acceptable  |
| Tallahassee, Florida 32301   |
| 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.  |
| Francisco Legaz Cervantes, President Prante di 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 abligation of my position as registered agent. Or, if this document is being filed mereby to reflect a change in the registered affice address, I hereby confirm that the corporation has been molified in writing of this change. |
| Signature of Registered Sych   |
| If signing on behalf of an entity:   |
| chele Holden, Assistant Secretary  |

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\* \* \* 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 (\$405)