N07000 010 583

(Requ	uestor's Name)	
(Adda	ress)	
(Adda	ress)	
(City)	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



900335087729

10/07/13--01028--019 **85.00

2019 OCT -7 PM 2: 55 SEC. NHASSEL EN-



COVER LETTER

	7 0 0	
SUBJECT:	Zoe-Ros Found	
	Name of Co	rporation
DOCUMENT NUMBI	ER:N070000	10583
The enclosed Statement	of Change of Registered Office	/Agent and fee are submitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
	Florenci	o Ros
	Name of Con	tact Person
	Florencio	
	Firm/Cor	npany
	3740 Inverrary I	Drive, # E-1i
	Addr	ess
	Lauderhill,	FL 33319
	City/State and	d Zip Code
	saugarpa(a)gmail.com
É-n	nail address: (to be used for fu	ture annual report notification)
For further information	concerning this matter, please c	all:
	na A. Saugar f Contact Person	at (305) 266-3008 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 ch	eck made payable to the Depart	ment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

62

TO: Amendment Section Division of Corporations

BOTH FOR CORPORATIONS

statement of change is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of Florida		
in order to change its registe	red office or registered agent, or both, in the State of Florida.		
1. The name of the corporation:	corporation: Zoe-Ros Foundation, Corp		
2. The principal office address:	3740 Inverrary Drive, # E-1i, Lauderhill, FL 33319		
3. The mailing address (if different):_			
4. Date of incorporation/qualification:			
5. The name and street address of the Florida Department of State: (If res			
	Florencio Ros		
	11169 N.W 80 Lane		
	Doral, FL 33178		
6. The name and street address of the (if changed): (same registered agen	2740 (2000) # 12 17		
	Total delit El 22210		
	P.O. Box NOT acceptable		
Such change was authorized by resol	ffice and the street address of the business office of its registered agent fution duly adopted by its board of directors or by an officer so tration has been notified in writing of the change.		
victoria maldonac	2		
I hereby accept the appointment as r. I further agree to comply with the pr. performance of my duties, and I am f agent. Or, if this document is being	egistered agent and agree to act in this capacity. ovisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I has been notified in writing of this change.		
Florencio Ros	09/24/2019		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Florencio Ros			
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