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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISABLED VETERANS FOUNDATION CORPORATION Name of Corporation
DOCUMENT NUMBER: N 070000 11104
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:
JEAN-LUC VERAGUAS Name of Contact Person
DISABLED VETERANS FOUNDATION CORPORATION.
1802 N UNIVERSITY DR., STE: 102-322 Address
PLANTATION, FL 33322 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TEAW- Luc Veragues at (954) 479-6348 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 provision	•					
statemes of change is sul		-				A
order to change		-	-	-		
1. The name of the corpor	ation:	eabled L	ETERANS,	FOUNDATION	1 CORPORA	rial
2. The principal office add	iress: <i>18 b.</i>	2 N U	DIVERSITY	DR. STE.	102-322	
				<u>, </u>		
3. The mailing address (if	different):					
	,	***			-	
4. Date of incorporation/q	ualification:	1/15/07	Document	number:	7000011101	4
5. The name and street ad Florida Department of	dress of the curre	ent registered a	gent and register			
JE	AN-Luc	VERAGUA	·S			
13	00 NW 7	2 AUE			7 5 Si	
Pu	ENTATION,	FL 333	13	<u> </u>	2009 AUG 26 TALLAHAES	<u> </u>
The name and street ad (if changed):				d /or registered o	26 PI	FILEI
JE	AN-LUC	VERAGUE	+5		A 2:5	U
	02 N 41	P.O. Box NO	DR. STO	E: 102-322	三部 5	
PL	ANTATION	FL.	33322			
The street address of its as changed will be identi	egistered office	and the street	address of the b	usiness office of	f its registered ag	gent,
Such change was author authorized by the board,	zed by resolutio or the corporation	n duly adopte on has been no	d by its board of stified in writing	directors or by of the change.	an officer so	
Signature of an office	er or director		JEAN-A	HL VERAGO nted or typed name an	uns F	<u> </u>
I hereby ecept the appo I further agree to comply of my duties, and I am fa document is being filed p corporation has been no	intment as regist with the provisi miliar with and parely to reflect	ions of all stat accept the obl a change in th	ed agree to act in utes relative to t igation of my po e registered office	this canacity		ance f this t the
	10	7		8/24/0	9	
Steperate of Re	ristered Agent			Date		N. Control of the Con
If signing on behalf of ar	entity:					
Typed or Print	ed Name					

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