

No 7537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

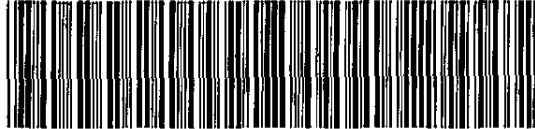
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TALLAHASSEE, FLORIDA

R.A. Charge

C. Coulliette JAN 13 2006

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Latvian Relief Association of Florida - Daugavas Vanagi, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** #N07537

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:

Princis Skaidrite

(Name of Contact Person)

Latvian Relief Association of Florida -Daugavas Vanagi , INC.  
(Firm/Company)

4720 Locust Street NE #311

(Address)

St.Petersburg, FL 33703

(City/State and Zip Code)

For further information concerning this matter, please call:

Princis Skaidrite

(Name of Contact Person)

at ( 727 ) 527-2680

(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: Latvian Relief Association of Florida-Daugavas Vanagi, Inc.
2. The principal office address: 4720 Locust Street NE #311  
St.Petersburg, FL 33703
3. The mailing address (if different): same

4. Date of incorporation/qualification: 2-7-1985 Document number: N07537

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Virzins Edgars

7665 Sun Island Dr.#208

S.Pasadena FL 33707

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

Princis Skaidrite

4720 Locust Street NE #311

(P.O. Box NOT acceptable)

St.Petersburg, FL 33703

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 authorized by the board, or the corporation has been notified in writing of the change.

Princis Skaidrite  
(Signature of an officer or director)

Princis Skaidrite, PD

(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.

Princis Skaidrite  
(Signature of Registered Agent)

1-5-2006

(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)

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