

N08000002221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Featherock Latin American Club, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N08000002221

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:

Illuminada Pacheco  
(Name of Contact Person)

(Firm/Company)

131 Jason Drive  
(Address)

Valrico, FL 33594  
(City/State and Zip Code)

For further information concerning this matter, please call:

Illuminada Pacheco at ( 813 ) 661-1787  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 18, 2008

LLUMINADA PACHECO  
131 JASON DRIVE  
VALRICO, FL 33594

SUBJECT: FEATHEROCK LATIN AMERICAN CLUB, INC.  
Ref. Number: N08000002221

We have received your document for FEATHEROCK LATIN AMERICAN CLUB, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 708A00060906

**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: Featherock Latin American Club, Inc.
2. The principal office address: 129 Danny Drive  
Valrico, FL 33594
3. The mailing address (if different): P.O. Box 1803  
Valrico, FL 33594
4. Date of incorporation/qualification: March 5, 2008 Document number: N08000002221
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)

The Company Corporation

1201 Hays Street

Tallahassee, FL 32301-2525

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

Illuminada Pacheco


131 Jason Drive

(P.O. Box NOT acceptable)

Valrico, FL 33594


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.

  
(Signature of an officer or director)

Carlos Cortes - President  
(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.

  
(Signature of Registered Agent)

December 22, 2008  
(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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