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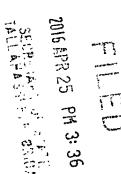
(Requestor's Name)		
(Address)		
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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I ALBRITTON

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of Florida Statutes, this
in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: MARCO A. SAINZ IR. MEMORIAL FOUNDATION
1. The name of the corporation: MARCO A. SAINZ IR. MEMORIAL FOUNDATION : 2. The principal office address: 7300 N. KENDALL DRIVE SUITE 200 MIAMI, FLORIDA 33156
3. The mailing address (if different):
4. Date of incorporation/qualification: 23-9-2008 Document number: NOS 00000 5898
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)
MENDRA L. GAUGUSH
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
5703 S.W. 166 CT. P.O. Box NOT acceptable
MIAMI FLORIDA 33193
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 WAREN A. SAINA SR. 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.
Maitha Canela 4-20-2016
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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