N09000000038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 19 2012
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLANDINA INFANTE DRAPIZA FOUNDATION, INC.
Name of Corporation

DOCUMENT NUMBER: N09000000038

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:

PRESIDENT - MERIAM D. ALIMAGNO
Name of Contact Person

Firm/Company

BLANDINA INFANTE DRAPIZA FOUNDATION, INC.
Address

6879 SHADOW CAST LANE
LAKELAND, FL 33813
City/State and Zip Code

mdalimagno@aol.com)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PRESIDENT - MERIAM D. ALIMAGNO at (619) 245 4208 - HOME
Name of Contact Person — Area Code & Daytime Telephone Number

CELL: 858 603 4737

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

June 28, 2012

MERIAM D ALIMAGNO
6879 SHADOW CAST LN
LAKELAND, FL 33813

SUBJECT: BLANDINA INFANTE DRAPIZA FOUNDATION, INC.
Ref. Number: N09000000038

We have received your document for BLANDINA INFANTE DRAPIZA FOUNDATION, 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):

The designation of the registered agent must be at a Florida street address.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 212A00017651

2012 JUL 16 PM 11:50

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 USA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: BLANDINA INFANTE DRAPIZA FOUNDATION, INC.
2. The principal office address: 6879 SHADOW CAST LANE
   LAKELAND, FL 33813
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: _____ Document number: N09000000038
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)

   DRAPIZA, LILIAN A. – RESIGNED
   6879 SHADOW CAST LANE
   LAKELAND, FL 33813

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

   ALIMAGNO, MERIAM D.
   6879 SHADOW CAST LANE
   P.O. Box NOT acceptable
   LAKELAND, FL 33813

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TALLAHASSEE, FLORIDA

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.

Meriam D. Alimagno — Signature of an officer or director

MERIAM D. ALIMAGNO - 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.

Meriam D. Alimagno — Signature of Registered Agent

7/11/12 — Date

If signing on behalf of an entity:

MERIAM D. ALIMAGNO
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 (03/12)