

N100000006798

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

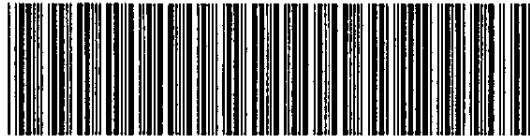
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Change

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUN 04 2015  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2015

CECILIA GUTIERREZ  
MIAMI CHILDREN'S INITIATIVE  
2525 NW 62ND ST. SUITE 4000  
MIAMI, FL 33147 US

SUBJECT: MIAMI CHILDREN'S INITIATIVE, INC.  
Ref. Number: N10000006798

We have received your document for MIAMI CHILDREN'S INITIATIVE, 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 registered agent must sign accepting the designation.

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.

Tina D Carter  
Regulatory Specialist

Letter Number: 915A00004490

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MIAMI CHILDRENS INITIATIVE  
Name of Corporation

DOCUMENT NUMBER: N100000006798

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:

CECILIA GUTIERREZ  
Name of Contact Person

MIAMI CHILDRENS INITIATIVE  
Firm/Company

2525 NW 62ND ST. SUITE 4000  
Address

MIAMI, FL 33147  
City/State and Zip Code

C.GUTIERREZ@MIAMICHILDRENSINITIATIVE.ORG  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CECILIA GUTIERREZ at (305) 636-2227  
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

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

1. The name of the corporation: MIAMI CHILDREN'S INITIATIVE, INC.
2. The principal office address: 5400 NW 22ND AVE 4TH FLOOR MIAMI, FL 33142
3. The mailing address (if different): 2525 NW 62ND ST. SUITE 4000 MIAMI, FL 33147
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: NI00000006798
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)

CECILIA A GUTIERREZ-ABETI  
C/O JOSEPH CALEB CENTER  
5400 NW 22ND AVE 4TH FLOOR MIAMI, FL 33142

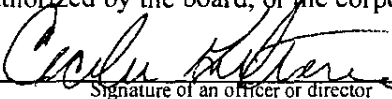
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CECILIA GUTIERREZ  
2525 NW 62ND ST. SUITE 4000  
P.O. Box NOT acceptable  
MIAMI, FL 33147

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DEPT. OF STATE  
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.

  
Signature of an officer or director

CECILIA GUTIERREZ-CHIEF EXECUTIVE OFFICER  
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

2/13/2015  
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  
CORP045 (02/12)