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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: The Jorge Nation Foundation Inc. Name of Corporation
DOCUMENT NUMBER: N 11 00000 5464
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:
Ruben Solarras Name of Contact Person
Firm/Company
1200 N. Federal High Way Suite 200
BOCA RATON FL 33432 City/State and Zip Code
RESC carras @ irloud. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Runer Socartas at (561 ) 156 1469 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

## 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 Flory do in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: The lorge Nation Foundation Inc
2. The principal office address: 1200 N. Federal Highway, Suite 200, BOCA
RATON FL 33432
3. The mailing address (if different):
4. Date of incorporation/qualification: (0/10/20) Document number: N/1/00000 5464
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)
Ruben E Socarras 27 2
BOCA RATION FL 33432
Boca Ration FL 33432
6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed):
Ruben E. Socarras
1200 N. Federal Highway SUIT 200 P.O. Hox NOT acceptable
BORA RATION. FL 33432
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.
Senature of an officer or director  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.
11/15/2018
Simulture of Registered Agent Date  If coming on bahalf of an entity:
If signing on behalf of an entity:
Typed or Printed Name

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