## N110000007600

| (Requestor's Name)                      |          |
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| (Address)                               |          |
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| (Address)                               |          |
| (City/State/Zip/Phone #)                |          |
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| PICK-UP WAIT                            | MAIL     |
|   |          |
| (Business Entity Name)                  |          |
|   |          |
| (Document Number)                       | <u>.</u> |
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| Certified Copies Certificates of        | Status   |
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| Special Instructions to Filing Officer; |          |
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: MIAMI JACKSON GENERALS ALUMNI ASSOCIATION, INC Name of Corporation DOCUMENT NUMBER: N11000007999 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: **EVANGELINE CANTY** Name of Contact Person MIAMI JACKSON GENERALS ALUMNI ASSOCIATION, INC. Firm/Company 3817 NW 17TH AVENUE Address MIAMI, FLORIDA 33147 City/State and Zip Code oppm\_inc@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786 )238-8746 Area Code & Daytime Telephone Number HARRIETTE WILSON-GREENE Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section

**Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

| statement of cha   | inge is submitted for a corporation o   | 7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA  |                |
|--|---|---|----------------|
|  | ·   | egistered agent, or both, in the State of Florida.  |                |
| l. The name of   | the corporation: MIAMI JACKSON  | GENERALS ALUMNI ASSOCIATION, INC.   | _              |
| 2. The principal<br>MIAMI, FLORII  | office address: 3817 NW 17TH AVE  | NUE #6  | -              |
| 3. The mailing a   | address (if different): P.O.BOX 6676  | 33 MIAMI, FLORIDA 33166   | _              |
| 4. Date of incorp  | poration/qualification: 08/22/2011  | Document number: N11000007999   |                |
| 5. The name and  |   | ered agent and registered office on file with the   |                |
|  | GREEN-SANDS, BARBARA  |   |                |
|  | 3817 NW 17TH AVENUE   | 2023  |                |
|  | MIAMI, FLORIDA 33147  |   | 沿行             |
| 6. The name and (if changed):  | l street address of the new registered  | d agent (if changed) and /or registered office  | AK CORPORTION  |
|  | CANTY, EVENGELINE   | e: 27   | 11.            |
|  | 3817 NW 17TH AVENUE #6  | -   | <u>ب</u><br>12 |
|  |   | O. Box NOT acceptable   |                |
|  | MIAMI, FLORIDA 33142  |   |                |
| The street address changed will  | ess of its registered office and the s<br>be identical.   | street address of the business office of its registered agent   | •              |
| Such change wa<br>authorized by tl   | as authorized by resolution duly ad<br>he board, or the corporation has be  | lopted by its board of directors or by an officer so en notified in writing of the change.  |                |
| Q  | m. C.A  | EVANGELINE CANTY, PRESIDENT   |                |
| _  | re of an officer or director  | Printed or typed name and title   |                |
| l hereby accept<br>l further agree<br>of my duties, an<br>document is bet<br>corporation has | the appointment as registered ago<br>to comply with the provisions of al<br>all am familiar with and accept th<br>ing filed merely to reflect a change<br>s been notified in writing of this ch | nt and agree to act in this capacity.<br>I statutes relative to the proper and complete performanc<br>e obligation of my position as registered agent. Or, if thi<br>in the registered office address, I hereby confirm that the<br>ange. | e<br>s<br>e    |
| e an l   | L. C. A   | 04/25/2023  |                |
| Sig  | mature of Registered Agent  | Date  |                |
| lf signing on be   | chalf of an entity:   |   |                |
| EVANGELINE :   | CANTY   |   |                |
|  | yped or Printed Name  |   |                |

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