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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·		
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PICK-UP	WAIT	MAIL		
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DEC 11 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: COMMUNITY COALITION OF SOUTH DADE, INC. Name of Corporation				
DOCUMENT NUMBER: N11000009339				
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:				
KEN FORBES				
Name of Contact Person				
Firm/Company				
P. O. BOX 924859				
PRINCETON, FL 33092-4859 City/State and Zip Code				
CCSDINC@GMAIL.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
KEN FORBES Name of Contact Person at (305) 345-5505 Area Code & Daytime Telephone Number				
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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Stat i organized under the laws of the State of registered agent, or both, in the State of Flor			
		COALITION OF SOUTH DADE			
	office address: 24420 S. DIX		,		
	FON, FL 33032				
3. The mailing a	ddress (if different): P. O. BO	< 924859			
	ETON, FL 33092-4859				
4. Date of incom	poration/qualification: 10/03/20	Document number: N110000	09339		
	I street address of the current regist tment of State: (If resigned, enter i	tered agent and registered office on file with tresigned)	he		
	SOUTH DADE COALITI	ON, INC.	SE TAL		
	24420 S. DIXIE HWY.		CRETARILAHAS		
	PRINCETON, FL 33032		<u>88</u> 4_		
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	ED OF STATE EE. FLORID PH 2: 27		
	KEN FORBES		×		
24420 S. DIXIE HWY.					
	P.O. Box NOT acceptable				
	PRINCETON, FL 33032				
The street addre as changed will	ess of its registered office and the be identical.	street address of the business office of its reg	gistered agent,		
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	lopted by its board of directors or by an officent notified in writing of the change.	cer so		
	e of an officer or director	KEN FORBES - PRESIDE	NT		
I hereby accept	the appointment as registered and	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complet and accept the obligation of my position as to reflect a change in the registered office ad ified in writing of this change.	re registered ldress, I		
(_/		11/26/2014			
_	nature of Registered Agent	Date			
If signing on bel	nall of an entity:				
	ped or Printed Name		•		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE