

# NI2000 006 265

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MIGUEL CABRERA FOUNDATION INC

Name of Corporation

**DOCUMENT NUMBER:** N12000006265

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:

ELIZABETH SANCHEZ

Name of Contact Person

MIGUEL CABRERA FOUNDATION, INC.

Firm/Company

20225 NE 34TH COURT APT 819

Address

AVENTURA FL, 33180

City/State and Zip Code

es@miguelcabrerfoundation.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIZABETH SANCHEZ

Name of Contact Person

at ( 305 ) 922-8833

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

1. The name of the corporation: MIGUEL CABRERA FOUNDATION, INC.
2. The principal office address: 20225 NE 34TH COURT  
APT 819, AVENTURA FL, 33180
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/25/2012 Document number: N12000006265

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)

ROSANGEL POLANCO DE CABRERA

1000 QUAYSIDE TERRACE 601

MIAMI, FL 33138

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

ANGEL AQUILES POLANCO ACUÑA

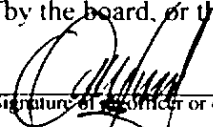
20225 NE 34TH COURT, APT 819

P.O. Box NOT acceptable

AVENTURA, FL 33180

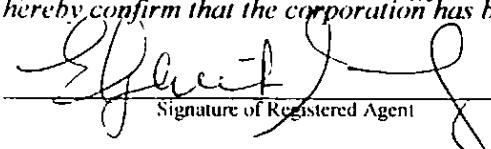
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 officer or director

ANGEL POLANCO (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.*

  
\_\_\_\_\_  
Signature of Registered Agent

10/4/19  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
1400 BANK BUILDING, CORP. DIVISION, P.O. BOX 6227, TALLAHASSEE, FL 32314