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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** THE ANIVL COMMUNITY DEVELOOMENT CORPORATION SUBJECT: Name of Corporation N13000006559 DOCUMENT NUMBER:\_ 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: ANTHONY REED Name of Contact Person THE ANVIL COMMUNITY DEVELOPMENT CORPORATI Firm/Company 14700 LINCOLN BOULEVARD Address MIAMI FLORIDA 33176 City/State and Zip Code TBOOTY@URBANFARMERSINC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **TERRY BOOTY** 310 901-0374 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Mailing Address: Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	nnge is submitted for a corpord	92, 017.0302, 007.1308, or 017 ation organized under the laws c ce or registered agent, or both, i	of the State of FLORIDA
	THE ANVIL	COMMUNITY DEVELOP	·
<ol> <li>The name of t</li> <li>The principal</li> </ol>	14700 LINC	COLN BLVD, MIAMI FL 33	176
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification:	/2013 Document num	N1300006559
		registered agent and registered o	
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /o	or registered office
		PRESIDENT OPERATION	VS ARR L
	14700 LINCOLN BLVD		
	MIAMI FL 33176	P.O Box NOT acceptable	
The street addre as changed will	ess of its registered office and be identical.	the street address of the busine	ess office of its registered agent,
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation h	lly adopted by its board of direct as been notified in writing of the	ctors or by an officer so ne change.
/W/Signatu	inglot also bitticer for director		ED PRESIDENT typed name and title
I hereby accept I further agree i performance of agent. Or, if th hereby confirm	the appointment as registered to comply with the provisions my duties, and I am familiar is document is being filed menthal the corporation has been	d agent and agree to act in this of all statutes relative to the pr with and accept the obligation rely to reflect a change in the ro n notified in writing of this char	capacity. roper and complete of my position as registered egistered office address, I nge.
11	1 Som	06/01/2017	
Sign	nature of Registered Agent		Date
If signing on be	half of an entity:		
Ty	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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