## N13000091

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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RA ROCHS (a. 9-15,14



ACCOUNT NO. : I2000000195

REFERENCE : 295050 4144A

AUTHORIZATION :

COST LIMIT

ORDER DATE: September 12, 2014

ORDER TIME : 11:56 AM

ORDER NO. : 295050-005

CUSTOMER NO:

4144A

CHANGE OF AGENT

NAME: CAMI FOUNDATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.050 unge is submitted for a corporation orga er to change its registered office or regist	nized under the lav	vs of the State of <u>f</u>	Florida	
1. The name of	the corporation: CAMI FOUNDATION, II	NC.			
2. The principal	office address: 521 South Mashta Drive	, Key Biscayne, F	lorida 33149		
3. The mailing a	address (if different): c/o Christopher W.	Boyett, Esq., 701	Brickell Avenue,	Suite 3300, Miami,	
4. Date of incorp	poration/qualification: 10/24/2013	Document	number: N130000	009694	
	d street address of the current registered attended of State: (If resigned, enter resign	agent and registere			
	LAW CENTER OF THE AMEICAS, LL	С		į	
	200 S. BISCAYNE BLVD SUITE 800  MIAMI, FL 33131				
	MIAMI, FL 33131				
6. The name and (if changed):	I street address of the new registered age	nt (if changed) and	d /or registered off	·-	
	Corporation Service Company			21	
	1201 Hays Street				
	P.O. Box NO		20204		
	Tallahassee	FL	32301		
The street address changed will	ess of its registered office and the street be identical.	address of the bu	siness office of its	s registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been no	d by its board of d stified in writing o	irectors or by an of the change.	officer so	
M	1/7	Maurice R. Ferr		President/Director	
I hereby accept I further agree performance of agent. Or, if th hereby confirm Corporatio	the appointment as registered agent an to comply with the provisions of all states of the second of the provisions of all states of the second	nd agree to act in l tutes relative to th accept the obligat lect a change in the	e proper and comion of my position he registered offich hange.	plete as registered	
If signing on bo	chalf of an entity:				
Courtn	ey Williams yped or Printed Name				
	* * * FILING FE	EE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)