## N13000010442

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	<u> </u>
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## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	CT:		r Club In Support of Jorge Mas Cano Si
	Nan	ne of Limited Lia	ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and t	fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the f	ollowing:
Kerry	Balwant		
	Name of Person		_
Cam	bridge Parents Association A Boo	ster Club In S	Su
	Firm/Company	<u> </u>	_
1599	4 SW 110th St		
<del></del>	Address		_
Miam	ni FI, 33196		
	City/State and Zip Code		_
Itlrogi	i@aol.com		
	E-mail address: (to be used for future an	nual report notifi	cation)
For fu	rther information concerning this matter	r, please call:	
Kerry	Balwant	504	258-2835
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AHLING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	<b>☑</b> \$25 Filing Fee	\$5	5 Filing Fee & Certified Copy

INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2017

KERRY BALWANT CAMBRIGE PARENTS ASSOCIATION A BOOSTER C 15994 SW 110TH ST MIAMI, FL 33196

SUBJECT: CAMBRIDGE PARENTS ASSOCIATION A BOOSTER CLUB IN

SUPPORT OF JORGE MAS CANOSA MIDDLE SCHOOL INC.

Ref. Number: N13000010442

We have received your document for CAMBRIDGE PARENTS ASSOCIATION A BOOSTER CLUB IN SUPPORT OF JORGE MAS CANOSA MIDDLE SCHOOL INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

We will need an addition \$10.00 to be able to file this registered agent change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 917A00023197

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CAMPRIDGE PARENTS ASSOCIATION A BOOSTEE CLUB I Support of JURGE MAS CANOSA 15735 SW 144 St. MIAMI, FLORI 33190
3. The mailing address (if different): 15994 SW 110th St. MIAMI, FIOR IDA-
4. Date of incorporation/qualification: 9/27/2017 Document number: 1/13000010 442
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)  18062 5w 152 C+
MIRMI FLORIDA
33187 7 × 58
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MIAMI FLURIDA P.O. Box NOT acceptable  33196
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 an other of director KCRLY BALWA-IVT 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.  12 / 2017  Signature of Registered Agent
If signing on behalf of an entity:
Kerry L. Brilwant Typed or Printed Name

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