

N14000008081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

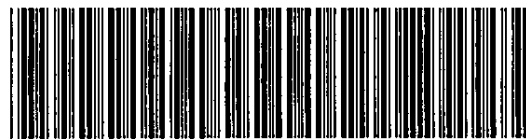
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2017 MAR 13 AM 9:53

V HERRING  
MAR 16 2017

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE HBACF FOUNDATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N14000008081

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:

DIEGO PUIG

Name of Contact Person

VERITAS TECHNOLOGIES LLC

Firm/Company

801 INTERNATIONAL PARKWAY

Address

LAKE MARY, FL 32746

City/State and Zip Code

diegopuig13@gmail.com

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

For further information concerning this matter, please call:

Diego Puig

Name of Contact Person

at ( 407 ) 456-1303

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: THE HBACF FOUNDATION, INC.
2. The principal office address: 200 SOUTH ORANGE AVENUE, SUITE 2600  
ORLANDO, FL 32801
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/29/2014 Document number: N14000008081
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)

GONZALEZ, LUIS

200 SOUTH ORANGE AVENUE, SUITE 2600

ORLANDO, FL 32801

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

PUIG, DIEGO

801 INTERNATIONAL PARKWAY

P.O. Box NOT acceptable

LAKE MARY, FL 32746

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 officer or director

IRENE PONS MEYERS

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

1/9/17

Date

If signing on behalf of an entity:

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

**\*\*\* FILING FEE: \$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)

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