NIH 0000009373

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
·	-	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700344507457

05/26/20--01036--004 **35.00

ON THE PHONE STATE

BA Change

JUN 1 7 2020 D CUSHING

COVER LETTER

TO: Amendment Section			
Division of Corporations			
SUBJECT: LIFT THEIR SPIRIT FOUNDATION INC.			
Name of Corporation			
DOCUMENT NUMBER: N14000009373			
The enclosed Statement of Change of Registered Office	:/Agent and fe	e are submitted for filing	<u>;</u> .
Please return all correspondence concerning this matter	to the followi	ng:	
JANY SANCHEZ			
Name of Contact Person			
Firm/Company			
13055 SW 42 ST. SUITE 210			
Address			
MIAMI, FL 33175			
City/State and Zip Code			
miamimed@hotmail.com			6
E-mail address: (to be used for future annual report	notification)	20 5M
			37 77
For further information concerning this matter, please c	all:		马马
JANY SANCHEZ	at (305) 606-7217	PH 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3:
Name of Contact Person	Area Co	ode & Daytime Telephon	ie 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

		organized under the laws of the State of FLORIDA registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: LIFT THEIR SPIRI	T INC.	
2. The principal	office address: 13055 SW 42 ST. St	JITE 210 MIAMI, FL 33175	·
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 10-08-2014	Document number: N14000009373	
	street address of the current registement of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	MARIA NONELL		
	13055 SW 42 ST. SUITE 210		
	MIAMI, FL 33175		20
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered office	2 × 2 ×
	JANY SANCHEZ		고 교
	13055 SW 42 ST. SUITE 210		ب ب دن
		P.O. Box NOT acceptable	<u></u>
	MIAMI, FL 33175		
The street address changed will	ss of its registered office and the s	street address of the business office of its registered	l agent,
=		dopted by its board of directors or by an officer so sen notified in writing of the change.	
· 17	The same of the sa	JANY SANCHEZ	
Signatu	e of an officer or director	Printed or typed name and title	
I further agree i of my duties, an document is bei	the appointment as registered age o comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete perfo ie obligation of my position as registered agent. Or e in the registered office address, I hereby confirm t aange.	rmance r if this hát the
1	Tanu P	MAY 19, 2020	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Т	pped 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 (04/13)