

N14000010441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

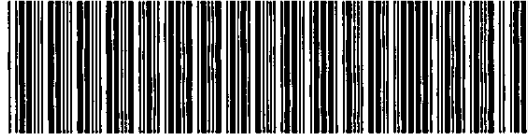
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
15 DEC 29 PM 5:48

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COVER LETTER

TO: Amendment Section
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 DEC 29 PM 5:48

SUBJECT: LA SENDA VERDE ANIMAL REFUGE INC.

Name of Corporation

N14000010441

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:

Norah Virginia Ossio Pena

Name of Contact Person

La Senda Verde Animal Refuge Inc.

Firm/Company

19701 E Country Club Dr. Apt. 305

Address

Aventura, FL 33180

City/State and Zip Code

vossiop@gmail.com

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

For further information concerning this matter, please call:

N. Virginia Ossio Pena

786

503 3246

at (_____) _____

Name of Contact Person

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: La Senda Verde Animal Refuge Inc.
2. The principal office address: 19701 E Country Club Dr. Apt. 305
Aventura, FL 33180
3. The mailing address (if different): _____

4. Date of incorporation/qualification: Nov. 10, 2014 Document number: N14000010441

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)

Carolina Ponce Williams

50 Menores Ave. Apt. 724

Coral Gables FL 33134-4083

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

19701 E Country Club Dr. Apt. 305

Aventura, FL 33180

P.O. Box NOT acceptable

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.

AOShop
Signature of an officer or director

Norah Virginia Ossio Pena

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.

GP
Signature of Registered Agent

December 8, 2015

Date

If signing on behalf of an entity:

Carolina Ponce Williams

Typed or Printed Name

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

FILED
STATE
SECRETARY OF CORPORATIONS
15 DEC 29 PM 5:12