## N14000010944

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

SUBJECT: Charify for the lucedy corp.  Name of Corporation		
ivanie of Corporation		
DOCUMENT NUMBER: 10/40000/0944		
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:		
Ramon Moreales Name of Contact Person		
Charity for the Needy Corp.		
8724 5W 72 street, # 390 Address		
Miami, Fl. 33/73 /City/State and Zip Code		
Ramclemon & hotmail.com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Ramon Monales at (786) 663-3/53 Name of Contact Person Area Code & Daytime Telephone Number		
Name of Contact Person Area Code & Daytime Telephone Number		

Street Address: Amendment Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

CR2E045 (03/12)

TO:

Amendment Section Division of Corporations

## 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: Charity for the Deedy Core p.
1. The name of the corporation: Charity for the Needy Corep.  2. The principal office address: 16424 500 61 Way, Miami, Fl. 33193
3. The mailing address (if different): 8724 500 72 5 freef, # 390, Miami,
,
F1. 33/73  Filed: 12/02/2014  4. Date of incorporation/qualification: Effective: Document number: N14000010944
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)
Morales, Ramon C., SR.
8724 5W 72 Street, #390
Miami, Fl. 33173
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Morales, Ramon C. Sr.
Morales, Ramon C., Sr.  16424 SW 61 Way  P.O. Box NOT acceptable
Miami, FL 33193
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.
Ramon C. Monales Se Resident  Remain Compared 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 Signature of Agent 07-28-2015  Date
If signing on behalf of an entity:
Charity for the weedy Corp.

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

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