

N15000006786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

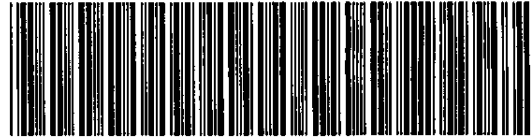
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2016 NOV -7 AM 7:00  
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MAINE STATE COURT

NOV 08 2016

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2016

MARITA JAY  
945 PENNSYLVANIA AVE 1ST FLOOR  
MIAMI BEACH, FL 33139

SUBJECT: DWAYNE HAVE A HEART FOUNDATION, INC.  
Ref. Number: N15000006786

We have received your document for DWAYNE HAVE A HEART FOUNDATION, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE RA MUST SIGN ACCEPTING THE POSITION

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.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 716A00023473

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dwayne Have a Heart Foundation, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N15000006786

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:

Marita Jay

Name of Contact Person

Firm/Company

945 Pennsylvania Avenue, 1st Floor

Address

Miami Beach, Florida 33139

City/State and Zip Code

scarita@comcast.net

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

For further information concerning this matter, please call:

Christopher D. Mitchell

Name of Contact Person

at ( 305 ) 249-8000

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: Dwayne Have a Heart Foundation, Inc.
2. The principal office address: 945 Pennsylvania Avenue, 1st Floor  
Miami Beach, Florida 33139
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/14/2015 Document number: N15000006786

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)

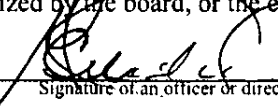
Jan G Bachikov  
710 4th Str. 201  
Miami Bch 33139

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

Marita Jay  
945 Pennsylvania Avenue, 1st Floor  
P.O. Box NOT acceptable  
Miami Beach, Florida 33139

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

Christopher D. Mitchell, President  
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

10/31/14  
Date

If signing on behalf of an entity:

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

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