

N15000009034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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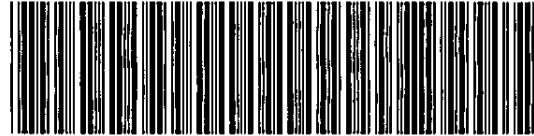
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Make Them Thrive Corp
Name of Corporation

DOCUMENT NUMBER: N15000009034

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:

Amber Hernandez
Name of Contact Person

Make Them Thrive
Firm/Company

316 Miracle mile, Ste B
Address

Coral Gables FL 33134
City/State and Zip Code

Support + @ make them thrive . org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheena Eizmendiz at (305) 747-3000
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

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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: Make Them Thrive Corp
2. The principal office address: 316 Miracle mile, Ste B
Coral Gables, FL 33134
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 09/16/2015 Document number: N15 00000 9034
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)

Miguel Eizmendiz

316 miracle mile

Coral Gables, FL 33134

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

Amber Hernandez

316 Miracle Mile, Ste B

P.O. Box NOT acceptable

Coral Gables, FL 33134

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.

Gemeny Hernandez
Signature of an officer or director

Gemeny Hernandez
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.

Amber Hernandez
Signature of Registered Agent

01/20/2016
Date

If signing on behalf of an entity:

Amber Hernandez
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

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