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## **COVER LETTER**

**Amendment Section** 

TO:

Division of Corporations
SUBJECT: ABVELOS Foundation Inc. Name of Corporation
DOCUMENT NUMBER: N   6 00000083
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:
Carlos E Morales Name of Contact Person
Firm/Company  (SSO SW 28 TEVVACE  Address.  Miam, 42 33155  City/State and Zip Code
miam, 42 33155
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carlos E Morales at 305, 7206217  Name of Contact Person Area Code & Daytime Telephone Number
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** 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

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: ABURIOS FOUND FROM FIC.  2. The principal office address: 6880 5W 28 Terrace  MIGINI FT 33155
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/15/20/6 Document number: N16 000 000 831
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)  Ralph Rusado  3340 5W 16 Terracc  Miami F7 33145  6. The name and street address of the new registered agent (if changed) and for registered office (if changed):  Carlos I chiza do Morales  P.O. Box NOT acceptable  Miami F7 33155
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.    Or   OS   E   Mora   e S
Typed or Printed Name

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