## N16000001252

| (Reque                       | estor's Name)   |                 |
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| PICK-UP                      | MAIT            | MAIL            |
|                              |                 |                 |
| (Busin                       | ess Entity Name | e)              |
|                              |                 |                 |
| (Docui                       | ment Number)    |                 |
| ·                            |                 |                 |
| Certified Copies             | Certificates    | of Status       |
| Certified Copies             | Certificates    |                 |
|                              |                 |                 |
| Special Instructions to Fili | ng Officer:     |                 |
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## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Florida Academic Advising Association Inc.

DOCUMENT NUMBER: N16000001252

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:

Sonssire Tapanes

Name of Contact Person

**FLACADA** 

Firm/Company

11200 SW 8st SAAC105A

Address

Miami/FL 33199

City/State and Zip Code

financial@flacada.org

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

0

For further information concerning this matter, please call:

Sonssire Tapanes

\_\_\_305

3488256

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

| statement of cha                   | unge is submitted for a corporation orga   | 5-12, 607.1508, or 617.1508, Florida Statutes, anized under the laws of the State of Florida stered agent, or both, in the State of Florida.   | this            |      |
|------------------------------------|--|--|-----------------|------|
| 1. The name of                     | the corporation: Florida Academic  | Advising Association Inc.  |                 |      |
|                                    | office address: 11200 SW 8 St S<br>orida 33199   | AAC105A  |                 |      |
| 3. The mailing a                   | nddress (if different):  | 7  |                 |      |
| 4. Date of incor                   | poration/qualification: 02/01/2016   | Document number: N160000012  | 252             |      |
|                                    | d street address of the current registered rtment of State: (If resigned, enter resign | agent and registered office on file with the ned)  |                 |      |
|                                    | Helen Gonzalez   |  |                 |      |
|                                    | 11200 SW 8 st SAAC105A   |  |                 |      |
|                                    | Miami, Florida 33199   |  | جنم.            |      |
| 6. The name and (if changed):      | d street address of the new registered ag  | ent (if changed) and /or registered office   | AND OCT         |      |
|                                    | Jay Fuller   | <del></del>  | S               | 4-4  |
|                                    | 11200 SW 8 st SAAC105A   |  | A               |      |
|                                    | Miami, Florida 33199   | OT acceptable  | <b>♀</b> 2#     | et   |
| The street address changed will    | ess of its registered office and the stree<br>be identical.                            | et address of the business office of its registe   | red age         | :nt, |
| Such change wa<br>authorized by th | es authorized by resolution duly adopte<br>ne board, or the corporation has been n     | ed by its board of directors or by an officer sotified in writing of the change.   | 0               |      |
|                                    | Tax ans  | Sonssire Tapanes, Treasurer  |                 | _    |
|                                    |  | nd agree to act in this capacity,<br>stutes relative to the proper and complete<br>accept the obligation of my position as regis<br>flect a change in the registered office addres<br>in writing of this change. | stered<br>ss, I |      |
| 40                                 | nature of Registered Agent   | 7/10/17  |                 | _    |
| If signing on be                   | half of an entity:   | Date   |                 |      |
| Ty                                 | oped or Printed Name   |  |                 |      |

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