

NIMROD 1569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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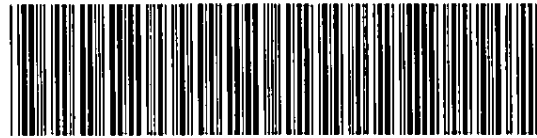
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 05 2018

S. YOUNG

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Women in Finance Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N17000001569

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:

Lauren Shapiro

Name of Contact Person

Women In Finance Association, Inc.

Firm/Company

848 Brickell Avenue, Suite 630

Address

Miami, FL 33131

City/State and Zip Code

info@thewifa.org

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

For further information concerning this matter, please call:

Lauren Shapiro

Name of Contact Person

at ( 305 ) 676-0924

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: Women In Finance Association, Inc.  
2. The principal office address: 848 Brickell Avenue, Suite 630, Miami Florida 33131

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2/13/2017 Document number: N17000001569

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)

Lauren Shapiro

1111 Brickell Avenue, Suite 2803

Miami, Florida 33131

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

Lauren Shapiro

848 Brickell Avenue, Suite 630

P.O. Box NOT acceptable

Miami, Florida 33131

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.

Lauren Shapiro

Signature of an officer or director

Lauren Shapiro

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.*

Lauren Shapiro

Signature of Registered Agent

5/27/2018

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

CR2E045 (03/12)

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