

N170000002880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

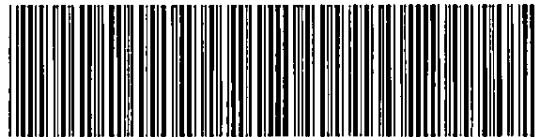
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2024 MAR -1 AM 10:20  
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MAR 20 2024

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2024

LAW OFFICE OF ILARIA CACOPARDO PA  
ILARIA CACOPARDO  
999 BRICKELL AVENUE PH1102  
MIAMI, FL 33131

SUBJECT: IMMIGRANT ACTION ALLIANCE, INC.  
Ref. Number: W24000021410

We have received your document for IMMIGRANT ACTION ALLIANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The filing is incomplete, please complete the highlighted areas on the form.,

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) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 424A00002759

rec  
3-1-24

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Immigrant Action Alliance, Inc.  
Name of Corporation

DOCUMENT NUMBER: NI7000002880

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:

Ilaria Cacopardo  
Name of Contact Person  
Law Office of Ilaria Cacopardo PA  
Firm/Company  
999 Brickell Avenue PH1102  
Address  
Miami FL 33131  
City/State and Zip Code

cacopardolaw@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ilaria Cacopardo at 786 534 9588  
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

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: IMMIGRANT ACTION ALLIANCE, INC.
2. The principal office address: 655 CABRERA ST.  
Key Largo, FL 33037
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 03/13/2017 Document number: 17000002880
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)

Francis Conlin  
655 Cabrera St.  
Key Largo, FL 33037

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

ILARIA CACOPARDO  
999 BRICKELL AVENUE PH 1102  
Miami, FL 33131  
P.O. Box NOT acceptable

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.

Francis Conlin  
Signature of an officer or director

Francis Conlin  
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.*

Ilaria Cacopardo  
Signature of Registered Agent

December 13, 2023  
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 (04/13)

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FILED IN SECTION 10.00