

N20 000004438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

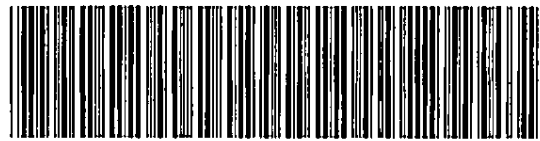
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
JANUARY 1, 1991

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____
Name of Corporation

Incredible Kids foundation INC

DOCUMENT NUMBER: N20000004438

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:

Jilenny Porras
Name of Contact Person

Firm/Company: _____

700 NE 63rd St D609
Address

Miami FL 33138
City/State and Zip Code

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

For further information concerning this matter, please call:

Jilenny Porras at (305) 9868966
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Incredible Kids Foundation Inc
2. The principal office address: 700 NE 63rd St D609
Miami FL 33138
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/21/2020 Document number: N20000004438
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)

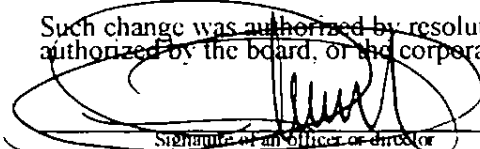
Rosa Lopez (resigned)
16155 SW 86 terrace
Miami, FL 33193

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

Lisara Falcon
16528 SW 99 st
P.O. Box NOT acceptable
Miami FL 33196

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.

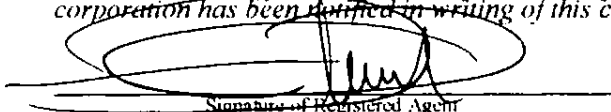


Signature of an officer or director

Jilenny Porras

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.



Signature of Registered Agent

01/07/2021

Date

If signing on behalf of an entity:

J. Porras

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)