FILED

DOCUMENT # N22776 1. Entity Name					Mar 02, 2001 8:00 am Secretary of State			
KARDECIAN ESPIRITISM FEDERATION OF FLORIDA INCOR							44 027 ****70.0	
Principal Place of Business Mailing Address								
1150 N.W. 137TH ST. N. MIAMI FL 33161-3822 US		1150 N.E. 137TH ST. N. MIAMI FL 33161-3822 US					\	ų
			10st					
Suite, Apt. #, etc. /03		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State FL		City & State Hiami, FL			4. FEI Number 65-0034375 Applied For Not Applicable			
33155	Country USA	33182	Country		5. Certificate	of Status Desired	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
موا مري		ه این ایستان د			(4~\)0			
RODRIGUEZ, BENJAMIN B. 1150 NE 137TH ST.				Address (P.O. Box Number is Not Acceptable) + REET				
MIAMI FL 33161-3822			City	MIAM I				
O The share		Al				la la dia a cata a f Clarida	FL Zip Code	82
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE SIGNATURE PRESIDENT 2/27/01 Ingrature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW: 9. Election Campaign Financing \$5.00 FEE IS \$61.25 Trust Fund Contribution.					May Be Fees		heck Payable to rtment of State	
10.	OFFICERS AND DIRE	CTORS Delete	11.	P AD	DITIONS/CH	ANGES TO OFFICERS	AND DIRECTORS IN Change	
NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUEZ, BENJAMIN 1150 NE 137TH ST. MIAMI FL	Le Delete	NAME STREET ADDRESS CITY-ST-ZIP	1295	6 NW	BANCHON 10 STREET 33182		F037 (10/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CISNEROS, MARIA E 3796 COCOPLUM CIR. COCONUT GREEK FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			odriguez 74 st. 33 161	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	S RODRÍGUEZ, HAYDEE 1150 NE 137TH ST.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARIA 7707	J.W 86	33 161 A-PEREZ- St, #105-B	Change_	. Addition -
TITLE NAME STREET ADDRESS	MIAMI FL TD RAQUEL, OLIVA 11021 SW 142ND CT	☐ Celete	TITLE NAME STREET ADDRESS	PIATI	1,12 3	2175	Change	Addition
CITY-ST-ZIP	MIAMLEL D	Delete	CITY-ST-ZIP	<u>D</u>		- 1 -	- Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	CISNEROS, MAURICIO 3796 COCOPLUM CIR. COCONUT GREEK FL		NAME STREET ADDRESS CITY-ST-ZIP	ARMA 11981 HiAM	ando d 'S'.W. Ii,FL:	. VELEZ 35 St 33175		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVA, ERASMO 11021 SW 142ND CT	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receipter before to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Destination Phone *								