

N34362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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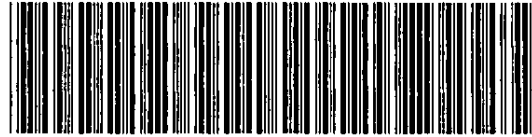
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rescate Catholic Prison Ministry, INC
Name of Corporation

DOCUMENT NUMBER: N34362

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:

Barbara N. Cueto

Name of Contact Person

Rescate Catholic Prison Ministry, INC

Firm/Company

13191 S.W. 20 Street

Address

Miami, Florida 33175

City/State and Zip Code

cuetob@bellsouth.net

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

For further information concerning this matter, please call:

Barbara N. Cueto

Name of Contact Person

at 305 505-7844

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.

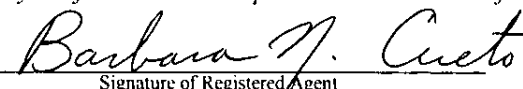
1. The name of the corporation: Rescate Catholic Prison Ministry, INC.
2. The principal office address: 13191 S.W. 20 Street
Miami, Florida 33175
3. The mailing address (if different): P. O. Box 654834
Miami, Florida 33165
4. Date of incorporation/qualification: 09-22-89 Document number: N34362
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Sister Alicia Velasquez (RESIGNED)
2160 S.W. 16 Avenue, Apt. 318
Miami, Florida 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Barbara N. Cueto
13191 S.W. 20 Street
P.O. Box NOT acceptable
Miami, Florida 33175

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.

 Rene Blandon, Dir/Pres
Signature of an officer or director 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.

 7-12-12
Signature of Registered Agent Date

If signing on behalf of an entity:

N/A

Typed or Printed Name

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

12 JUL 16 PM 2:04
SECRETARY OF STATE
DIVISION OF CORPORATIONS