

N930000000464

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

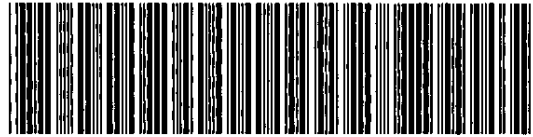
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300235969813

06/07/12--01008--003 \*\*35.00

12 JUN - 7 AM 8:09  
CLERK  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

R.A. Rolch 8  
10 6/8/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Women's Fund of Miami-Dade, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N93000000464

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:

Deborah M. Harris  
Name of Contact Person  
Women's Fund of Miami-Dade, Inc.  
Firm/Company  
3001 Ponce de Leon Blvd., Suite 264  
Address  
Coral Gables, FL 33134  
City/State and Zip Code  
debi@womensfundmiami.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah M. Harris at ( 305 ) 441-0506  
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  
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's Fund of Miami-Dade, Inc.
2. The principal office address: 3001 Ponce de Leon Blvd., Suite 264 Coral Gables, FL 33134
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/03/1994 Document number: N93000000464

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)

Debi M. Harris

2990 SW 35 Avenue, Suite 2B

Miami, FL 33133

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

Deborah M. Harris

3001 Ponce de Leon Blvd., Suite 264

P.O. Box NOT acceptable

Coral Gables, FL 33134

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

Deborah M. Harris, CEO

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

\_\_\_\_\_  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN -7 AM 8:09