## N93000004044

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: RAFAE / Hernan de thousing as d Economic Desclopment Comp.  Name of Corporation			
DOCUMENT NUMBER: N 930000 Y 844			
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:			
Wilfreds Sada Execugise Director Name of Contact Person			
RAFAEL HERNAS dez Housing And Feonomic Rucky mest Corp. Firm/Company			
3550 Bischyne Blud. Su. 1c 500 Address			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Wilfre do Se Name of Contact Person at (385) 576-9895— 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  Street Address: Amendment Section  Division of Corporations			

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box 6327

Tallahassee, FL 32314

## 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.
1. The name of the corporation: RAFAE I HELDAND GEZ HOUSING AD & Frond mie Perelogando.
1. The name of the corporation: RAFAE / HOLDING ADD FROND MIE PORTO BOOK STORE BOOK ADD FROND MIRE BOOK 3550 BISCAYNE Blody Suite 500, MINMI, FL 33
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/07/1953 Document number: 19300004044
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)
RHHED Corp.
3550 Bischyne Blod. Suite 500
Minn, FL 33127
6. The name and street address of the new registered agent (if changed) and /or registered of the (if changed):
Wiltredo Seda, Executive Director
P. Box NOT acceptable / Suide 500
MIAMI, FL 33127
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  Luis De Printed or typed name and title  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.
May La C/6/12
Signature of Registered Agent
If signing on behalf of an entity:
Typed or Printed Name

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

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