

N95000002457

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000316605 3)))



H210003166053ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702)866-2500  
Fax Number : (702)900-2290

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: documents@incorp.com

REGISTERED AGENT CHANGE  
PRO ACT HIV, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED  
2021 AUG 24 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FL  
2021 AUG 24 AM 10:44  
FILED

**COVER LETTER**

H210003166053

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PRO ACT HIV, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N95000002457

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:

Kim Barajas  
Name of Contact Person  
InCorp Services, Inc.  
Firm/Company  
3773 Howard Hughes Pkwy. · Suite 500S  
Address  
Las Vegas, NV 89169-6014  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kim Barajas on behalf of InCorp Services, Inc. at 800-246-2677  
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

CR2E045 (04/13)

H210003166053

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

H210003166053

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PRO ACT HIV, INC.
2. The principal office address: 710 NE 72ND TERRACE MIAMI, FL 33138

3. The mailing address (if different):

4. Date of incorporation/qualification: 05/23/1995 Document number: N95000002457

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) TRUESDELL, MARK 710 NE 72ND TERRACE MIAMI, FL 33138

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): InCorp Services, Inc. 17888 67th Court North P.O. Box NOT acceptable Loxahatchee, FL 33470

2021 AUG 24 AM 10:44 FILED SECRETARY OF STATE TALLAHASSEE FL

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: [Handwritten Signature] Guillermo Toledo, 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.

Signature of Registered Agent: [Handwritten Signature] August 23, 2021 Date

If signing on behalf of an entity: Isabel Burgos on behalf of InCorp Services, Inc. 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)

H210003166053