

N98 000 000 251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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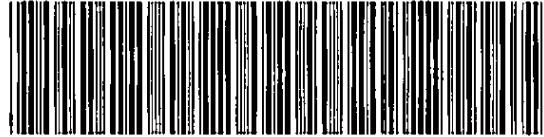
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: change of principal place of business
Name of Corporation _____

DOCUMENT NUMBER: N98000000251

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:

Carolina Rendeiro

Name of Contact Person
Association of Sister Cities of Florida

Firm/Company
415 Giralda Avenue

Address
Coral Gables, FL 33134

City/State and Zip Code
rendeirocarolina@gmail.com

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

For further information concerning this matter, please call:

Carolina Rendeiro _____ at (305) 542-0299

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

**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: Association of Sister Cities of Florida, INC.
2. The principal office address: 2000 Ponce de Leon Blvd Suite 600
Coral Gables, FL 33134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/16/1998 Document number: N9800000251
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)
Carolina Rendeiro
2000 Ponce de Leon Blvd, Suite 600
Coral Gables, FL 33134
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Carolina Rendeiro
415 Giralda Avenue
Coral Gables, FL 33134 P.O. Box NOT acceptable

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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.

Carolina Rendeiro
Signature of an officer or director

Carolina Rendeiro
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.

Carolina Rendeiro
Signature of Registered Agent

June 29, 2020
Date

If signing on behalf of an entity:

Carolina Rendeiro
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)