

N98000002512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

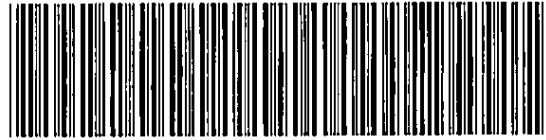
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: UNO Federation Community Services  
Name of Corporation

DOCUMENT NUMBER: N98000002512

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:

Rafael Alex Emmanuelli

Name of Contact Person

UNO Federation Community Services

Firm/Company

1710 Drew Street Suite 4

Address

Clearwater, FL 33755

City/State and Zip Code

ralphalexemmanuelli@gmail.com

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

For further information concerning this matter, please call:

Ralph A. Emmanuelli

Name of Contact Person

at (727) 4838422

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: UNO FEDERATION COMMUNITY SERVICES, Inc.

2. The principal office address: 1710 Drew Street Suite 4 Clearwater, FL 33755

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/29/1998 Document number: N98000002512

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)

Title: Executive Assistant  
\_\_\_\_\_  
Ralph A. Emmanuelli  
\_\_\_\_\_  
1710 Drew St. Suite 4 Clearwater, FL 33755  
\_\_\_\_\_

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

Title: Executive Programs Director  
\_\_\_\_\_  
Salina Carl-Balentine  
\_\_\_\_\_  
P.O. Box NOT acceptable  
1710 Drew St. Suite 4 Clearwater, FL 33755  
\_\_\_\_\_


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

Ralph A. Emmanuelli- CEO PRESIDENT  
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

March 20, 2023  
Date

If signing on behalf of an entity:

Rafael A. Emmanuelli  
Typed or Printed Name

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