

N99000002145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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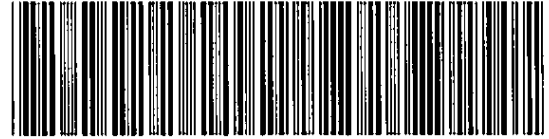
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2019

JOSE C ORTIZ
AMERICAN INSTITUTE OF GNOSTIC ANTHROPOLO
721 WENDEL PL
TEANECK, NJ 07666

SUBJECT: AMERICAN INSTITUTE OF GNOSTIC ANTHROPOLOGY, INC.
Ref. Number: N99000002145

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 119A00013481

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN INSTITUTE OF Gnostic ANTHROPOLOGY, INC.
Name of Corporation

DOCUMENT NUMBER: N99000002145

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:

Juan Roman
Name of Contact Person

A I G A
Firm/Company

6000 SW 18th ST
Address

Miami FL 33155
City/State and Zip Code

Jco22@hotmail.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE C Ortiz at (201) 215-9699
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: AMERICAN INSTITUTE OF Gnostic ANTHROPOLOGY, INC.
2. The principal office address: 721 WENDEL PL
TEANECK, NJ 07666
3. The mailing address (if different): 6000 SW 18TH ST
MIAMI, FL 33155
4. Date of incorporation/qualification: 04/07/1999 Document number: N99000002145
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)

JUNE ALLISON-TEJEDA

3928 FOOTHILLS DR

ORLANDO, FL 32810

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

JUAN ROMAN

6000 SW 18th St

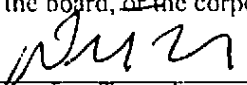
P.O. Box NOT acceptable

MIAMI, FL 33155

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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.


Signature of an officer or director

JOSE C. ORTIZ, 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

07/24/2019
Date

If signing on behalf of an entity:

Typed or Printed Name

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