

PO10000048338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

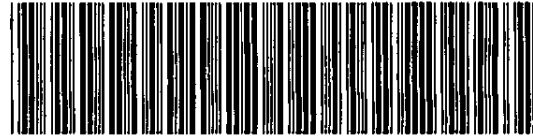
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RA address  
change

03/29/13--01012--028 \*\*35.00

FILED  
2013 APR 24 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOY  
4/25/13

00709  
\*00789, 00614, 00672



March 21, 2013

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Officer:

I was informed by the Registered Agent, Amanda Duross, that she moved to the new location; the e-mail is attached for your reference.

I am respectfully requesting to update the registered office to :  
3256 Harbor Lake Drive  
Largo, FL 33770

Please note that the on-line report is also included for your records.

Filing Fee : \$35.00, check# 39256 is enclosed.

Please feel free to contact me if you have any questions.  
My contact telephone number: 781-729-3736 x 105  
E-mail Address: [zaraujo\\_lane@embracingculture.com](mailto:zaraujo_lane@embracingculture.com)  
Mailing Address: P.O.Box 2308 Woburn, MA 01888

Best Regards,

Zarita Araujo-Lane

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cross Cultural Communication Systems of Florida, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P01000048338

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:

**Zarita Araujo-Lane**

Name of Contact Person

**Cross Cultural Communication Systems, Inc.**

Firm/Company

**304 Cambridge Road, Suite 103, Woburn MA 01801**

Address

**Mailing address: PO Box 2308, Woburn, MA 01888**

City/State and Zip Code

**zaraujo\_lane@embracingculture.com**

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

For further information concerning this matter, please call:

**Zarita Araujo-Lane**

Name of Contact Person

at **(781) 729-3736x105**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

13 APR 24 AM 9:18

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

April 9, 2013

Zarita Araujo-Lane  
Cross Cultural Communication Systems  
P.O. Box 2308  
Woburn, MA 01888

SUBJECT: CROSS CULTURAL COMMUNICATION SYSTEMS OF FLORIDA, INC.  
Ref. Number: P01000048338

We have received your document for CROSS CULTURAL COMMUNICATION SYSTEMS OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 713A00008273

COPY

*Hi Annette:  
Statement of Change of  
Registered Agent  
is enclosed  
Thank you so much for your help!  
4/19/13*

**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: Cross Cultural Communication Systems of Florida, Inc.
2. The principal office address: 3256 Harbor Lake Drive, Largo, FL 33770
3. The mailing address (if different): P.O. Box 2308, Woburn, MA 01888
4. Date of incorporation/qualification: May 15, 2001 Document number: P01000048338
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)

Amanda Duross

2925 87th Place, Apt# 101

Pinellas Park, FL 33782-6235

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

Amanda Duross

3256 Harbor Lake Drive

P.O. Box NOT acceptable

Largo, FL 33770

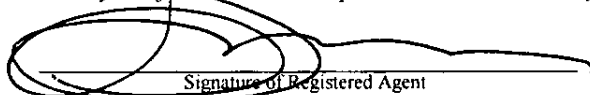
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Zarita Araujo-Lane, President & Owner  
\_\_\_\_\_  
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

April 19, 2013

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Amanda Duross

\_\_\_\_\_  
Typed or Printed Name

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