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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** The Hispanic American Publishing Company, INC. Name of Corporation 07000054015 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: Trino A.Ramos Name of Contact Person The HAP Group, inc. Firm/Company 1200 Brickell Ave. Suite 1950 Address Miami, FL 33131 City/State and Zip Code trino ramos@idglat.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Trino A. Ramos Name of Contact Person

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

statement of che	provisions of sections 607.0502, 617.0502, 607.  unge is submitted for a corporation organized un	der the laws of the State of	FLorida
1. The name of	the corporation: The Hispanic American	n Publishing Group	
	office address: 1200 Brickell Avenue, Solorida 33131	Suite 1950	
3. The mailing a	address (if different): Same		
4. Date of incor	poration/qualification: 08/01/2007	Document number: P070	00054015
	street address of the current registered agent and timent of State: (If resigned, enter resigned)	d registered office on file v	vith the
	175 SW 7th Street, Suite 1909		
	Miami, FL 33130		
6. The name and (if changed):	street address of the new registered agent (if cha	anged) and /or registered o	ffice
	1200 Brickell Ave. Suite 1950		- *
	Miami, FL 33131		15 × 12
	P.O. Box NOT acceptable	;	्रा <sub>क</sub> ्रिक् -
The street addre as changed will	ss of its registered office and the street address be identical.	of the business office of i	ts registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted by its be board, or the corporation has been notified in	poard of directors or by an writing of the change.	officer so
	e of an officer or director	A. Ramos	
I herehv accent	the appointment as registered agent and agree to comply with the provisions of all statutes relamy duties, and I am familiar with and accept the document is being filed merely to reflect a challet the corporation has been notified in writing	to act in this canacity	
-a		01. 23. 201	7
ŭ	ature of Registered Agent nalf of an entity;	Date	
Ту	ped or Printed Name	·	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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