

P15 0000 79823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FARAWAY ICI & CO
Name of Corporation

DOCUMENT NUMBER: P15000079823

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:

DONNA M DELGADO

Name of Contact Person

FARAWAY ICI & CO

Firm/Company

1858 NW 79 WAY

Address

PEMBROKE PINES FLORIDA 33024

City/State and Zip Code

DMDELGADO@BELLOUTH.NET

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

For further information concerning this matter, please call:

DONNA M DELGADO

Name of Contact Person

at (305) 725-7199

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: FARAWAY ICI & CO
2. The principal office address: 1858 NW 79 WAY, PEMBROKE PINES FL 33024
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 09/21/2015 Document number: P15000079823
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)

DONNA M DELGADO, ESQUIRE

19 WEST FLAGLER STREET SUITE 1212

MIAMI FLORIDA 33130

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

DONNA M DELGADO, ESQUIRE

66 WEST FLAGLER STREET SUITE 900

P.O. Box NOT acceptable

MIAMI FLORIDA 33130

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

DONNA M DELGADO, 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

08262021

Date

If signing on behalf of an entity:

DONNA M DELGADO

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
CR2F045 (04/13)