## P94000076971

(R	equestor's Name)	
(A	ddress)	<u> </u>
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(C	ity/State/Zip/Phone	e #)
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SECRETARY OF STATE DIVISION OF CORFORATION

R.A. & R.O. LFJ 1-8-2003

## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations								
SUB	JECT: Dade County Ventures, Inc.								
	(Name of corporation)								
DOC	CUMENT NUMBER: P94000076971								
The	enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.								
Pleas	se return all correspondence concerning this matter to the following:								
Car	nela Glean-Jones, CFO & Executive Vice President								
<del></del>	(Name of person)								
The	Miami-Dade Beacon Council								
	(Name of firm/company)								
80 8	SW 8th Street, Suite 2400								
	(Address)								
Miar	mi, FL 33130-3013								
	(City/state and zip code)								
For f	further information concerning this matter, please call:								
Cam	(Name of person) at ( 305 ) 579-1329 (Area code & daytime telephone number)								
	(Name of person) (Area code & daytime telephone number)								
Encl	osed is a \$35.00 check made payable to the Department of State.								
Ame Divis P.O.	ing Address:  ndment Section  sion of Corporations  Box 6327  hassee, FL 32314  Street Address:  Amendment Section  Division of Corporations 409 E. Gaines Street  Tallahassee, FL 32399								

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	provisions of s	sections (	607.0502, 617	7.0502,	607.1508,	or 617.15	08, Florida	Statutes,
this statement o	f change is subn	nitted for	a corporation	organ	iized under	the laws o	f the State of	. 0
Florida	in order	to chang	e its registere	d offic	e or registe	ered agent,	or both, in t	the State
of Florida.								201
1. The name of	the corporation:	Dad	de County Vent	tures,	Inc.		·	_ 8
2. The principal	office address:	80 SW 8	a corporation e its registere de County Vent oth Street, Suite	e 2400		:		<u>-</u> -
		Miami, F	FL 33130-3013	3	<u> </u>			
3. The mailing	address (if differ	rent):_Sa	me as above			<del></del>	· · · · · · · · · · · · · · · · · · ·	
4. Date of incor	poration/qualifi	cation: _	10/19/1994		Docume	nt number:	P94000076	971
	d street address rtment of State:	of the cur	rrent registered	d agent	and regist	ered office	on file with t	the
		Corporation	on Service Con	npany				
		1201 Hay	s St.	. <u>-</u>	—··			
		Tallahass	see, FL 32301					
	nd street addres	s of the	new registered	d agen	t (if chang	ed) and /or	r registered o	office (if
changed):	<u> </u>	The Mian	ni-Dade Beacor	n Coun	cil, Inc.			
			th Street, Suite					
		(P.O. Bo	ox or personal mailbo	ox NOT a	icceptable)			
		Miami, F	L 33130-3013				· · · · · · · · · · · · · · · · · · ·	
The street addragent, as change	ess of its registe ed will be ident	red offic	e and the stree	et addr	ess of the	business of	ffice of its re	gistered
Such change w authorized by t	as authorized by he board, or the	y resoluti corporat	on duly adopt ion has been i	ted by i	its board o d in writin	f directors g of the cha	or by an offi ange.	cer so
				Frank F		sident & Cl		
	r, chairman or vice cha		•			yped name and	-	<del></del>
nortormanco o	t the appointme to comply with f my duties, and nt. Or, if this do I hereby confir	i am tan	alliar With and	ሳ ለድድድነ	nt the Aniic	เสมอน คมาก	v nasiiian as	
Leave	Signature of Registered	Agent)			1-410	(Date)		<del></del>
If signing on beha		<b>5</b> ,			<i>y</i>	, ,		
Camela Glean-			,	Vice-Pr	resident & C	CFO		
	Typed or Printed Name	•)			<del></del>	(Capacity)		<del></del>

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