Division of Corporations

Elevide Descriptions

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Division of Corporations
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Division of Corporations

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Account Number : 074222002135
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Fax Number : (305)789~8953

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PROMISE KEPT, INC.

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Corporate Filing Menu

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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.
l. The name of the corporation: Promise Kept, Inc.
2. The principal office address: 1111 Brickell Avenue, Suite 1700, Miami, FL 33131
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/13/91 Document number: S93662
ii. The name and street address of the current registered agent and registered office on file with the
Cristina Alvarez Yanes
260 Crandon Blvd., Suite 25
Key Biscayne W 331/49 PS 0
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
260 Crandon Blvd., Suite 25
(P.O. Box NOT acceptable) Key Biscayne, FL 33149
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 will prized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or me contoration has been notified in writing of the change. Thus J Bennett, Freeligent & Director
(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 accument 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.
Medical Signature of Registered Agent) 5-4-200 6
If signing on behalf of an entity:
* * * FILING FEE: \$35.00 * * * (((H06000148221 3)))

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314
CR2E045 (8/05)