Electronic Signature of Signing Officer/Director Detail

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears

SIGNATURE: NAYANNET MARCANO COTARELO

Electronic Signature of Registered Agent

Title	DIR, VP	Title	DIR, PRESIDENT
Name	COTARELO, ANTONIO	Name	MARCANO COTARELO, NAYANNET DAGMAR
Address	10340 SW 111 ST	Address	10340 SW 111 ST
City-State-Zip:	MIAMI FL 33176		
		City-State-Zip:	MIAMI FL 33176
Title	TREACURER		
THE	TREASURER	Title	S, OTHER
Name	GIL, DORA	Title Name	S, OTHER CORSON, LYNN
		Name	CORSON, LYNN
Name	GIL, DORA		,

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Name and Address of Current Registered Agent:

Current Mailing Address: 1930 SW 57 PLACE

Current Principal Place of Business:

111ST. STREET AND SW 57 AVENUE MAIN LOBBY

MIAMI, FL 33155 US

DOCUMENT# 714299

PINECREST GARDENS

PINECREST, FL 33255

FEI Number: 59-2343759

SAN MARTIN JR., CARLOS 1930 SW 57 PLACE MIAMI, FL 33155 US

Officer/Director Detail :

SIGNATURE:

Entity Name: SOUTH DADE AMATEUR ORCHID CLUB, INC.

CC6153269420

Certificate of Status Desired: No

above, or on an attachment with all other like empowered.

PRESIDENT

09/15/2018

Date

FILED Sep 15, 2018 Secretary of State