

N15000003732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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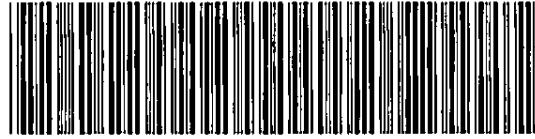
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE

OCT 26 2018

COVER LETTER

TO: Amendment Section  
Division of Corporations

2018 OCT 15 PM 11:33

SUBJECT: Indigenous Celebration, Inc  
Name of Corporation

DOCUMENT NUMBER: \_\_\_\_\_

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:

Anne Marie Miller  
Name of Contact Person

Indigenous Celebration, Inc.  
Firm/Company

8201 SW 62nd Ave  
Address

South Miami, FL 33143  
City/State and Zip Code

anne@indigenouscelebration.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Marie Miller at ( 917 ) 981-7423  
Name of Contact Person 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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: Indigenous Celebration, Inc
2. The principal office address: 8201 SW 62nd Ave  
South Miami, FL 33143
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: April 13, 2015 Document number: N15000003732
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)

Resigned

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

Anne Marie Miller  
8201 SW 62nd Ave  
P.O. Box NOT acceptable  
South Miami, FL 33143

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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.

Anne Marie Miller  
Signature of an officer or director

Anne Marie Miller, 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.

Anne Marie Miller  
Signature of Registered Agent

October 11, 2018  
Date

If signing on behalf of an entity:

Anne Marie Miller  
Typed or Printed Name

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