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To:

Division of Corporations

Fax Number

: (850)617-6380

RATRO Charge

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE WE CAN SOLVE HUNGER INC

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

	•	502, 607.1508, or 617.1508, Florida Statutes,	, this
•	•	anized under the laws of the State of Florida stered agent, or both, in the State of Florida.	
	the corporation: WE CAN SOLVE		<u>.</u>
2. The principal	office address:	<u> </u>	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 07/15/2021	Document number: N21000086	654
	d street address of the current registered rtment of State: (If resigned, enter resigned)	agent and registered office on file with the ned)	
	LEGALINC CORPORATESE	RVICES INC.	
	5237 SUMMERLIN COMMO	NS ST 400	702°
	FORT MYERS, FL 33907		玉
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office	2022 HAY -4 B
	Registered Agents Inc.		
	7901 4th St N STE 300		7.5 h
	St. Petersburg FL 33702	Box NOT acceptable	
The street address changed will	ess of its registered office and the stree	et address of the business office of its registe	ered agent,
Such change wanthorized by the	as authorized by resolution duly adopt he board, or the corporation has been i	ed by its board of directors or by an officer notified in writing of the change.	SO
	naine Nicholas ire of an officer or director	SHERMAINE NICHOLAS Printed or typed name and title	, President
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent of to comply with the provisions of all sta nd I am familiar with and accept the of ing filed merely to reflect a change in s been notified in writing of this chang	and agree to act in this capacity. atutes relative to the proper and complete po bligation of my position as registered agent, the registered office address, I hereby confu te.	erformance Or, if this rm that the
Bee Hame	gnature of Registered Agent	05/04/22	
		Date	
	chalf of an entity:		
Bill Havre	Typed or Printed Name		
'		7FF- \$35.00 * * *	