

752682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

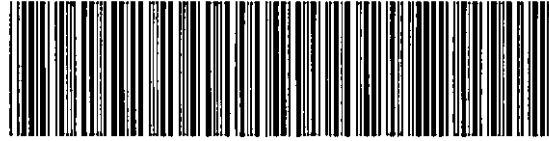
(Business Entity Name)

(Document Number)

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8:22 AM

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hypoglycemia Support Foundation  
Name of Corporation

**DOCUMENT NUMBER:** 752682

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:

Roberta Ruggiero  
Name of Contact Person

Hypoglycemia Support Foundation  
Firm/Company

10180 NW 30th Court, Apt 210  
Address

Sunrise, Florida 33322  
City/State and Zip Code

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

For further information concerning this matter, please call:

Roberta Ruggiero at ( 954 ) 701-3125 **(CELL)**  
Name of Contact Person Area Code & Daytime Telephone Number  
**(Office) 954-242-7104**

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: Hypoglycemia Support Foundation

2. The principal office address: 10180 NW 30th Court, Apt 210 Sunrise, Florida 33322

3. The mailing address (if different): P.O. Box 451778 Sunrise, Florida 33345

4. Date of incorporation/qualification: 1980 Document number: 752682

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)

Dale Ledbetter, Attorney at Law  
411 N New River Dr.  
E. FORT LAUDERDALE, FL 33301

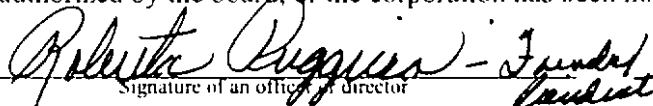
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.  
7901 4th St N STE 300  
P.O. Box NOT acceptable  
St. Petersburg FL 33702

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TALLAHASSEE, FLORIDA

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.

 - Founder/President  
Signature of an officer or 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 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.*

 October 22, 2019  
Signature of Registered Agent Date

If signing on behalf of an entity:  
Bill Havre  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314