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

SIGNATURE: MYRIAM S. HOLLY

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/05/2017

The above name	d entity submits this statement for the purpose of changing i	ts registered office or regis	tered agent, or both, in the State of	Florida.
SIGNATURE	: MYRIAM S. HOLLY			01/05/2017
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PD	Title	VD	
Name	HOLLY, MYRIAM S.	Name	HOLLY, MARY E	
Address	3777 NW 78TH AVENUE 13-A	Address	3777 NW 78TH AVENUE 13-A	
City-State-Zip:	HOLLYWOOD FL 33024	City-State-Zip:	HOLLYWOOD FL 33024	
Title	BOARD MEMBER			
Name	TODD, RICHARD P			
Address	12000 NW 19TH STREET			
City-State-Zip:	PEMBROKE PINES FL 33026			

Name and Address of Current Registered Agent:
HOLLY, MYRIAM S. 3777 NW 78TH AVENUE 13-A
HOLLYWOOD, FL 33024 US

3777 NW 78TH AVENUE 13-A HOLLYWOOD, FL 33024 US

FEI Number: 61-1636203

Name and Address of Current Registered Agent:

HOLL 3777

Current Mailing Address:

Entity Name: HIS CARING HANDS, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

3777 NW 78TH AVENUE 13-A HOLLYWOOD, FL 33024

DOCUMENT# N1000009552

Certificate of Status Desired: No

FILED Jan 05, 2017 Secretary of State CC7772806657

Date