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. 02/10/2024

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N12000006961

Entity Name: HANDS OF LOVE OF KISSIMMEE INC

Current Principal Place of Business:

101 W CYPRESS ST SUITE G KISSIMMEE. FL 34741

Current Mailing Address:

PO BOX 420696 KISSIMMEE, FL 34742 US

FEI Number: 46-0601463

Name and Address of Current Registered Agent:

GUADALUPE, RUTH Z 2823 PLYMOUTH PL KISSIMMEE, FL 34741 US Certificate of Status Desired: No

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	DP	Title	V
Name	GUADALUPE, RUTH Z	Name	RIVERA, WANDA
Address	2823 PLYMOUTH PL	Address	943 CAMBRIDGE COURT
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	KISSIMMEE FL 34758
Title	S	Title	т
Title Name	S GOOD, DAVID	Title Name	T ORTIZ, NORMA
	-		T ORTIZ, NORMA 703 VIRGINIA WOOD LANE
Name	GOOD, DAVID	Name	,

SIGNATURE: RUTH Z GUADALUPE DP Date