ddress of Current Registered Agent:			
EN, RAVEN ST 52 US			
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.			
RAVEN WALES-WALDEN			08/13/2019
Electronic Signature of Registered Agent			Date
ctor Detail :			
P	Title	VP	
WALES-WALDEN, RAVEN	Name	ALI, LAILA	
2947 CLOVERHURST DR	Address	18255 NE 5TH AVE APT.514	
EAST POINT GA 30344	City-State-Zip:	HIALEAH FL 33015	
VP			
VANTERPOOL, DANARDO			
22433 S VERMONT AV 359			
	EN, RAVEN ST 52 US 1 entity submits this statement for the purpose of changing its regis E RAVEN WALES-WALDEN Electronic Signature of Registered Agent Ctor Detail : P WALES-WALDEN, RAVEN 2947 CLOVERHURST DR EAST POINT GA 30344 VP VANTERPOOL, DANARDO 22433 S VERMONT AV	EN, RAVEN ST 22 US 1 entity submits this statement for the purpose of changing its registered office or register 2 entity submits this statement for the purpose of changing its registered office or register 2 Electronic Signature of Registered Agent 2 MALES-WALDEN, RAVEN 2 MALES-WALDEN, RAVEN 2 947 CLOVERHURST DR EAST POINT GA 30344 2 VP VANTERPOOL, DANARDO 2 2433 S VERMONT AV	EN, RAVEN ST 2 US I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flore Electronic Signature of Registered Agent Ctor Detail : P Title VP WALES-WALDEN, RAVEN Name ALI, LAILA 2947 CLOVERHURST DR Address 18255 NE 5TH AVE APT.514 EAST POINT GA 30344 City-State-Zip: HIALEAH FL 33015 VP VANTERPOOL, DANARDO 22433 S VERMONT AV

Current Mailing Address:

2947 CLOVERHURST DR EAST POINT, GA 30344 US

FEI Number: 84-2118663

Na

Entity Name: ANONYMOUS HANDS INC.

Current Principal Place of Business:

DOCUMENT# N14000007447

2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

2947 CLOVERHURST DR EAST POINT, GA 30344

Aug 13, 2019 Secretary of State 2239264579CR

Certificate of Status Desired: No

FILED

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: RAVEN WALES-WALDEN

City-State-Zip: TORRANCE CA 90502

PRESIDENT

Electronic Signature of Signing Officer/Director Detail