Name and Address of our ent Registered Agent.						
RAMOS, IVETTE EXEC.DIR 5442 LAKE MARGARET DR 1314						
ORLANDO, FL 32812 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.						
SIGNATURE: IVETTE RAMOS 02/10/2023						
	Electronic Signature of Registered Agent		D	ale		
Officer/Director Detail :						
Title	P	Title	VP			
Name	RAMOS-CELESTRIN, IVETTE	Name	CAPELLO, VICTOR			
Address	1916 BARBER RD.	Address	784 BALSA DR			
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ALTAMONTE SPRINGS FL 32714			
Title	D	Title	DIRECTOR			
Name	MOLLETURO, FIDEL	Name	THOMPSON, ERROL PASTOR			
Address	1449 SOPHIA WAY	Address	3919 W. NEW HAMPSHIRE STREET			
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	ORLANDO FL 32808			
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3919 W. NEW HAMPSHIRE STREET ORLANDO, FL 32808

Entity Name: HOPE CENTRAL INC.

Current Principal Place of Business:

DOCUMENT# N1400008955

Current Mailing Address:

5442 LAKE MARGARET DR. #1314 ORLANDO, FL 32812 US

FEI Number: 47-1165231

Name and Address of Current Registered Agent:

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: IVETTE RAMOS-CELESTRIN	CEO	02/10/2023
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Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date