# Electronic Signature of Signing Officer/Director Detail

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

SIGNATURE: DOROTHEA LYNCH

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 607, Florida Statutes; and that my name appears

SIGNATURE: Electronic Signature of Registered Agent

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.

Officer/Director Detail :			
Title	CEO	Title	Т
Name	HARDEN, M.C. III	Name	LYNCH, DOROTHEA E
Address	501 RIVERSIDE AVENUE SUITE 1000	Address	501 RIVERSIDE AVENUE SUITE 1000
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202

**501 RIVERSIDE AVENUE** 

## Name and Address of Current Registered Agent:

HARDEN, MC III 501 RIVERSIDE AVENUE

JACKSONVILLE, FL 32202 US

**SUITE 1000** 

**SUITE 1000** 

## DOCUMENT# G07527

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: H&A LEGACY, INC.

**Current Principal Place of Business:** 

**501 RIVERSIDE AVENUE** JACKSONVILLE, FL 32202

# **Current Mailing Address:**

**SUITE 1000** JACKSONVILLE, FL 32202 US

### FEI Number: 59-2142739

# FILED Mar 02, 2021 Secretary of State 3716418273CC

Certificate of Status Desired: No

Date

TREASURER/ SR. VICE PRESIDENT

Date

03/02/2021