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.

PRESIDENT

SIGNATURE: EGLIS MARISOL HAKANSON

7819 SHADOW DANCE RD.

RICHMOND TX 77407

Electronic Signature of Signing Officer/Director Detail

SIGNATURE:

Title PT Title S HAKANSON, EGLIS M Name BROWN, DONNA Name **511 CARICA ROAD** Address 4779 WELLINGTON DRIVE Address City-State-Zip: LONG GROVE IL 60047 City-State-Zip: NAPLES FL 34108 Title D Title D

Name PALMER, MARSHA REIDY, NAYHIBE Address 161 WAILEA IKE PL. C201 Address 7N127 WHISPERING TRAIL KIHEI HI 96753 City-State-Zip: ST.CHARLES IL 60175 City-State-Zip: D LARRUCEA. KYRA

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.

# 511 CARICA ROAD NAPLES. FL 34108

**511 CARICA ROAD** NAPLES. FL 34108

### FEI Number: 20-1201826

**Current Mailing Address:** 

DOCUMENT# F13000001840

**Current Principal Place of Business:** 

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

HAKANSON, MARISOL 511 CARICA ROAD NAPLES, FL 34108 US

**Officer/Director Detail :** 

Name

Title

Name

Address

City-State-Zip:

Entity Name: OPEN YOUR HEART TO CHILDREN INTERNATIONAL, INC.

#### FILED Jan 28, 2014 Secretary of State CC8740401362

Date

Certificate of Status Desired: No

01/28/2014

Date