

FD3000003556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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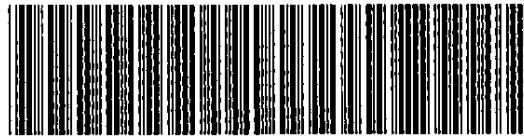
(Business Entity Name)

(Document Number)

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News
10-13-11*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: One Hope United, Inc.
Name of Corporation

DOCUMENT NUMBER: F03000003556

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Moss
Name of Contact Person

One Hope United, Inc.
Firm/Company

5405 Diplomat Circle Ste 200
Address

Orlando, FL 32810
City/State and Zip Code

bmoss@onehopeunited.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Moss at (407) 379-2900
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2011

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BARBARA MOSS
ONE HOPE UNITED, INC.
5405 DIPLOMAT CIRCLE, SUITE 200
ORLANDO, FL 32810

SUBJECT: ONE HOPE UNITED, INC.
Ref. Number: F03000003556

We have received your document for ONE HOPE UNITED, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 411A00021528

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: One Hope United, Inc.
2. The principal office address: 111 E WACKER DRIVE SUITE 325 CHICAGO IL 60606 US
3. The mailing address (if different): 111 E WACKER DRIVE SUITE 325 CHICAGO IL 60606 US
4. Date of incorporation/qualification: 07/14/2003 Document number: F03000003556
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

10720 CARIBBEAN BLVD. SUITE 500

CUTLER BAY FL 33189

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

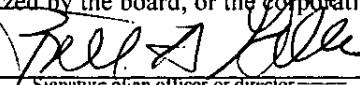
5405 Diplomat Circle Ste 200

Orlando, FL 32810

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Bill Gillis - CEO

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

9-14-11

Date

If signing on behalf of an entity:

BARBARA D. MOSS
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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TALLAHASSEE FLORIDA