F08 00000 1746

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 3, 2021

Order#: 610139-059

Re: HANLEIGH MANAGEMENT, INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of New Jersey stered agent, or both, in the State of Florida.
L. The name of t	he corporation: HANLEIGH MANAGE	MENT, INC.
2. The principal	office address: 50 Tice Boulevard, Su	ite 122, Woodcliff Lake, NJ 07677
3. The mailing a	ddress (if different): c/o Katrina D. Ram	ey, 200 West Second Street, 3rd Floor, Winston-Salem, NC 2710
	poration/qualification: 04/18/2008	
	I street address of the current registered timent of State: (If resigned, enter resig	agent and registered office on file with the ned)
	C T Corporation System	
	1200 South Pine Island Road	
	Plantation	FL 33324
6. The name and (if changed):	street address of the new registered ag	FL 33324 gent (if changed) and /or registered office
	Corporation Service Company	6: 0
	1201 Hays Street	00
P.O. Box: NOT acceptable		
	Tallahassee	FL 32301
The street addre	ss of its registered office and the stree be identical.	et address of the business office of its registered agent.
Such change wa authorized by th	is authorized by resolution duly adoptice board, or the corporation has been i	ed by its board of directors or by an officer so notified in writing of the change.
Xie	e E Gonie	Jill Cilmi, Vice President
Signatur	e of an officer or director	Printed or typed name and title
I furthe r ag rée t of my duties, an document is bei corporation has	the appointment as registered agent a comply with the provisions of all stad I am familiar with and accept the oling filed merely to reflect a change in the been notified in writing of this change in Service Company	atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the
ву: СД	in lei	01/18/2021
Sigi	nature of Registered Agent	Date
If signing on bel	half of an entity:	
Ami M. Casper,	Asst. Vice President	
	ped or Printed Name	

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