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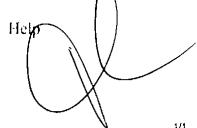
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REGISTERED AGENT CHANGE RISE AGAINST HUNGER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Page: 3 of 3

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

statement of ch	inge is submitted for a corporation :	7 0502, 60°, 1508, or 61° 1508, Florida Sta organized under the laws of the State of <mark>Del</mark> registered agent, or both, in the State of Flor	aware
1. The name of	the corporation: RISE AGAINST H	UNGER, INC.	
2 The principal	the corporation: RISE AGAINST HI office address: 4801 Glenwood Aver	nue, Suite 200, Raleigh, NC 27612	
4. Date of incor	poration/qualification: 9/4/1997	Document number: F110000035	89
	d street address of the current register, tment of State: (If resigned, enter re	ered agent and registered office on file with esigned)	the
	InCorp Services, Inc.		20 7
	17888 67th Court North	d agent (if changed) and /or registered office	023 FEB - 7
	Loxabactchee, FL 33478		3-7
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered office	AM 8: 43
	C T Corporation System		- 5
	1200 South Pine Island Road		
	Plantation, Florida 33324	P.O. Box NOT acceptable	
The street address changed will	ess of its registered office and the s be identical.	areet address of the business office of its re	egistered agent,
Such change wa authorized by the	as authorized by resolution duly ad ne board, or the corporation has be	lopted by its board of directors or by an off en notified in writing of the change	ficer so
Transition leads, of ethic	2012 23 44 5 57	Travis Huckaba, Chief Financial Offic	cer
	2002 (144 EST) re of an officer or discent	Printed or typed name and title	
I further agree of my duties, ar document is bei	to comply with the provisions of al ad I am familiar with and accept th ng filed merely to reflect a change s been notified in writing of this ch	nt and agree to act in this capacity. I statutes relative to the proper and comple e obligation of my position as registered a in the registered affice address, I hereby c ange.	ete performance gent, O ₁ if this confirm that the
Mich	a Hold	2/3/2023	
518	naone of Registered Agent	Date	
if signing on be	haif of an entity		
Michele Holden,	Assistant Secretary		
Τ	yped or Printed Name		
	* * * FILIN	G FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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