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(((H230001424513)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future , annual report mailings. Enter only one email address please.\*\*

thuckaba@riseagainsthunger.com Email Address:\_\_\_\_

## REGISTERED AGENT CHANGE RISE AGAINST HUNGER, INC.

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

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delawate registered agent, or both, in the State of Florida.
T. The name of	the corporation; RISE AGAINST H	Unger, Inc.
	d office address: 4801 Glenwood Ave	
3. The mailing	address (if different):	
-		Document number: F11000003589
5. The name an		ered agent and registered office on file with the
	InCorp Services, Inc.	
	17888 67th Court North	
	Loxahactchee, FL 33478	
6. The name an (if changed):		d agent (if changed) and /or registered office
	1200 South Pine Island Road	
		P.O. Boy NOT acceptable
The street addr	ress of its registered office and the s I be identical.	street address of the business office of its registered agent,
Such change wauthorized by t	as authorized by resolution duly ac he board, or the corporation has be	dopted by its board of directors or by an officer so cen notified in writing of the change.
rant Hola about often	, 2023 (1 44 657)	Travis Huckaba, Chief Financial Offices
_	(22)3 (1.44)51) ure of an officer or director	Printed or typed name and title
I further agree of niv duties, a document is he	to comply with the provisions of al nd I am familiar with and accept th ing filed merely to reflect a change is been notified in writing of this ch	ont and agree to act in this capacity. Il statutes relative to the proper and complete performance to obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the sange.
Mich	6. Ce Halan	2/3/2023
Sig	guature of Registered Agent	Date
if signing on be	ehalf of an entity:	
	, Assistant Secretary	
Ţ	Typed or Printed Name	
	* * * FILIN	G FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STAIL.
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

By: