

F110000003791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hannah and Friends Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F11000003791

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:

Jennifer Weis

Name of Contact Person

Hannah and Friends Inc.

Firm/Company

51250 Hollyhock Rd

Address

South Bend, IN 46637

City/State and Zip Code

jennifer@hannahandfriends.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Weis

Name of Contact Person

at ( 574 ) 347-5535

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2017

JENNIFER WEIS  
HANNAH AND FRIENDS, INC.  
51250 HOLLYHOCK RD  
SOUTH BEND, IN 46637

SUBJECT: HANNAH AND FRIENDS, INC.  
Ref. Number: F11000003791

We have received your document for HANNAH AND FRIENDS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 017A00003822

**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 South Carolina na in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hannah & Friends Inc
2. The principal office address: 11878 Hawk Hollow, Lake Worth, FL 33449
3. The mailing address (if different): 51250 Hollyhock Rd South Bend, IN 46637
4. Date of incorporation/qualification: 2011 Document number: F11000003791
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)

Jonathan Golden

4912 Creekside Dr

Clearwater, FL 33760

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

Maura Weis

11878 Hawk Hollow

P.O. Box NOT acceptable

Lake Worth, FL 33449

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.

**Maura Weis, Chairperson**

Signature of an officer or director

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.*

Maura Weis  
Signature of Registered Agent

2/19/17  
Date

If signing on behalf of an entity:

MAURA WEIS  
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 (03/12)