

F21000003127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

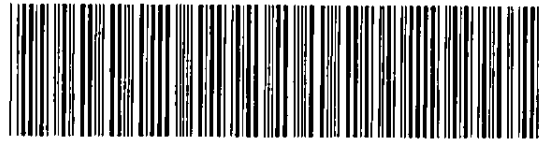
(Document Number)

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11/21/24

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOPE FOR JUSTICE, INC.

Name of Corporation

DOCUMENT NUMBER: F21000003127

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:

Lauren Flores

Name of Contact Person

Labyrinth, Inc.

Firm/Company

1830 Colonial Village Ln

Address

Lancaster, PA 17601

City/State and Zip Code

corporate@labyrinthinc.com

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

For further information concerning this matter, please call:

Lauren Flores

Name of Contact Person

at (**717**) **844-9826**

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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

1. The name of the corporation: HOPE FOR JUSTICE, INC.
2. The principal office address: 116 Agnes Rd Suite 200 Knoxville, TN 37919
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/17/2021 Document number: F21000003127
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)

INCorp SERVICES, INC.
3458 LAKESHORE DR.VE
TALLAHASSEE, FL 32312

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

Registered Agents Inc
7901 4th St N STE 300
P.O. Box NOT acceptable
St. Petersburg FL 33702

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.

Chantel Ann
Signature of an officer or director

Hannah Allen US Director of Finance
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 11/14/2024 Date

If signing on behalf of an entity:

David Roberts
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
CR21042 (03/13)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA