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Account#: I20000000088

Date:	10/03/2023	
	Juliana	-
	e #: 2132632	_
Entity Nar	me: HOWARD HANNA FI	NANCIAL SERVICES, INC.
Art	icles of Incorporation/Authorization	to Transact Business
☐ Am	nendment	
✓ Ch	ange of Agent	
☐ Re	instatement	
Co	nversion	
□ Ме	erger	
☐ Dis	ssolution/Withdrawal	
☐ Fic	titious Name	
Oth	ner	
Authorize	d Amount: \$35.00	
Signature	. Luliana Prestia	

P: 800.221.0102

F: 800.944.6607

V

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

statement of char	ige is submitted for a co	rporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d aroust, or both, in the Sta	ite of	
in order to change its registered office or registered agent, or both, in the State of Florical The name of the corporation: HOWARD HANNA FINANCIAL SERVICES, INC.					
2. The principal of	PA 15238				
3. The mailing ac	Idress (if different):				
4. Date of incorporation/qualification:02/16/2022 Document number:		F2200001306			
5. The name and		rent registered agei	nt and registered office on		
		HILGER, PHY	LISS		
		1134 HOMINY HILL DR			
		1134 HOMINY HILL DR TRINITY, FL 34655 TRINITY, FL 34655			
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered age			3 AM ID: 52 Y OF STATE SEE, FLORID	
	Cogency Global Inc. 유럽			: 52 DRID	
	115 North Calhoun Street, Suite 4			P	
	P O Box NOT acceptable				
		Tallahassee, Florid	la 32301 		
The street address as changed will	ss of its registered offic be identical.	e and the street add	dress of the business offic	e of its registered agent.	
Such change was authorized by the	s authorized by resoluti e board, or the corporat	on duly adopted by ion has been notifi	its board of directors or ed in writing of the chang	by an officer so ge.	
/s/ Tracy Rossetti-Delvaux			Tracy Rossetti-Delvaux		
I hereby accept to I further agree to of my duties, and document is being	the appointment as regi to comply with the provi I I am familiar with and ug filed merely to reflect been notified in writing	sions of all statute. Laccept the obliga Lachange in the r	Printed or typed nan gree to act in this capaci. s relative to the proper ar- tion of my position as reg egistered office address, i		
/s/ SHANNON M. MADDOX			10/3/2023		
Sign If signing on bet	ature of Registered Agent		Date		
	N M. MADDOX, ASS	T SEC			
	ped or Printed Name				

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