NO5000004345

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Re	equestor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ad	ldress)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		ldross)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Au	uiess)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Cit	:y/State/Zip/Phone	#)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Document Number) Certified Copies Certificates of Status	PICK-UP	MAIT	MAIL
(Document Number) Certified Copies Certificates of Status			
(Document Number) Certified Copies Certificates of Status	(Bu	siness Entity Nam	<u>e)</u>
Certified Copies Certificates of Status	(04	onioss Emity Nam	C ,
Certified Copies Certificates of Status			
	(Do	cument Number)	•
Special Instructions to Filing Officer:	Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:			
Special Instructions to Filing Officer:	<u></u>		
	Special Instructions to	Filing Officer:	
			İ
			1
1			
			{

Office Use Only



800196259148

02/28/11--01050--026 **35.00

PA . U



Mr. 7-22-11



March 2, 2011

DR RACHEL DOCEKAL HANLEY CENTER FOUNDATION, INC. 933 45TH STREET WEST PALM BEACH, FL 33407

SUBJECT: HANLEY CENTER FOUNDATION, INC.

Ref. Number: N05000004345

We have received your document for HANLEY CENTER FOUNDATION, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please complete #6 with the new registered agent name, street address and city and state.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 211A00005214

www.sunbiz.org

COVER LETTER

TO: An Div	nendment Section vision of Corporations	
SUBJECT	: Hanley Center Fo	oundation, Inc.
	Name of 0	Corporation
DOCUME	NT NUMBER: NO5	5000004345
The enclose	ed Statement of Change of Registered Offic	ce/Agent and fee are submitted for filing.
Please retur	n all correspondence concerning this matte	er to the following:
		•
	Dr. Rach	el Docekal
	Name of Co	ontact Person
		Foundation, Inc.
	Firm/C	ompany
		th Street
	Ade	dress
	West Palm B	each, FL 3407 and Zip Code
	City/State a	and Zip Code
	rdocekal@har	Nevcenter org
	E-mail address: (to be used for	future annual report notification)
		1
For further	information concerning this matter, please	call:
	Ms. Lilly Davenport	at (561) 841-1220
	Name of Contact Person	at (561) 841-1220 Area Code & Daytime Telephone Number
Enclosed is	a \$35.00 check made payable to the Depart	rtment of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee FI 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of ch	ange is subm	nitted for a con	poration organiz	607.1508, or 617.1508, Fl ed under the laws of the Sta ed agent, or both, in the Sta	ate of Florida
				r Foundation, Inc.	
2. The principal	l office addre	ess: 933 45t	h Street, West	Palm Beach, FL 334	07
3. The mailing	address (if di	ifferent):			
4. Date of incor	poration/qua	lification:	04:21,2005	Document number:	N05000004345
			ent registered age d, enter resigned)	nt and registered office on	file with the
	933 45th	Street, We	est Palm Beac	h, FL 33407	
			a krau		
					2
6. The name and (if changed):	d street addre	ess of the new	registered agent ((if changed) and /or register	red office
	DR. R	Rachel	Dock	ial	
	933	4534	smet		
	WPB	<i>C</i> ,	P.O. Box NOT a	cceptable	
		+ (_	33407		
The street addr as changed will	ess of its reg l be identica	istered office l.	and the street ad	ldress of the business offic	ce of its registered agent,
Such change wauthorized by t	as authorize he board, or	d by resolution the corporati	on duly adopted b on has been notif	y its board of directors or fied in writing of the chan	by an officer so ge.
Arnes	. My	or director		Mr. James Myers	
I hereby accept I further agree	t the appoint to comply w nd I am fami ing filed mei	tment as regis with the provis liar with and rely to reflect	ions of all statute accept the oblige a change in the i	agree to act in this capaci es relative to the proper a ation of my position as reg registered office address,	ity. nd complete performance
	HHI	A-	<u></u>	Dr. Rachel Do	ocekal, CEO
If signing on be	ehalf of an e	eled Agent		Date	
ti sigimig on or	chair or air e	inity.			
	Typed or Printed	Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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