

# NO5000004345

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

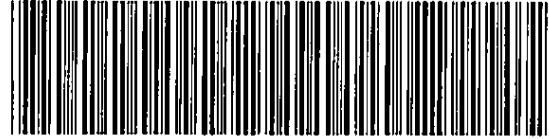
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hanley Center Foundation, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N05000004345

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:

John Harrison Hough

Name of Contact Person

Murphy Reid, LLP

Firm/Company

11300 US Highway One, Suite 401

Address

Palm Beach Gardens, FL 33408

City/State and Zip Code

jhough@murphyreid.com

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

For further information concerning this matter, please call:

John Harrison Hough

Name of Contact Person

at (561) 723-5511

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2024

JOHN HARRISON HOUGH  
MURPHY REID, LLP  
11300 US HIGHWAY ONE, SUITE 401  
PALM BEACH GARDENS, FL 33408

SUBJECT: HANLEY CENTER FOUNDATION, INC.  
Ref. Number: N05000004345

We have received your document for HANLEY CENTER FOUNDATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$.

This document was previously filed on April 18, 2024.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 624A00014019

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

1. The name of the corporation: Hanley Center Foundation, Inc.
2. The principal office address: 933 45th St., West Palm Beach, FL 33407
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/26/2005 Document number: N05000004345
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)
- Smith, III, Culver D.
- 101 Northport Pkwy
- West Palm Beach, FL 33407

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

John Harrison Hough

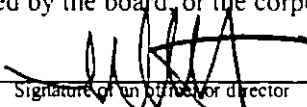
11300 US Highway One, Suite 401

Palm Beach Gardens, FL 33408

P.O. Box NOT acceptable

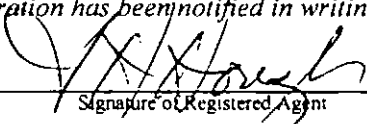
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
\_\_\_\_\_  
Signature of an officer or director

Rachel Docekal CEO  
\_\_\_\_\_  
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

4/23/24  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (04/13)

FILED  
2024 JUL 23 AM 11:32  
TALLAHASSEE, FLORIDA