Division of Corporations
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To:

Division of Corporations

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Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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Email Address:

REGISTERED AGENT CHANGE ZION'S HOPE, INC.

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Corporate Filing Menu

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo er to change its registered office or regis	nnized under the laws of the State of <u>F</u>	LORIDA
I. The name of	the corporation: ZION'S HOPE,	INC.	
2. The principal	office address: 146 W PLANT STRI	EET SUITE 300, WINTER GARDE	N, FL 34787-3136
3. The mailing a	address (if different): P.O. BOX 7833		
4. Date of incorp	poration/qualification; 8/25/2005	Document number: N05000	0008797
	d street address of the current registered rument of State: (If resigned, enter resign		the
	B&C CORPORATE SERVICES (OF CENTRAL FLORIDA	
	390 N. ORANGE AVE., SUITE 14	1 00	~ 3
	ORLANDO, FL 32801		2023 JU
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered offic	¥ 20
	Capitol Corporate Services, Inc.		S. A
	515 East Park Avenue 2nd Fl	ox NOT acceptable	
	Tallahassee, FL 32301	ax NOT Ecoptable	0
The street address changed will	ess of its registered office and the street be identical.	et address of the business office of its	registered agent,
Such change we authorized by the	es authorized by resolution duly adopt he board, or the corporation has been n	ed by its board of directors or by an o. solified in writing of the change.	Micer so
Dava	d Rosenthal	David Rosenthal - President,	
I hereby accept I further agree	the appointment as registered agent a to comply with the provisions of all sta ad I am familiar with and accept the ol- ing filed merely to reflect a change in t s been notified in writing of this chang	runted or typed name and table and agree to act in this capacity, attutes relative to the proper and comp bligation of my position as registered of the registered office address, I hereby e.	lete performance
3 in -		6/20/2023	
Sig	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	i, Assistant Secretary on behalf of typed or Printed Name	Capitol Corporate Services, Inc.	
	* * * FILING F	EE: \$35.00 * * *	
м	MAKE CHECKS PAYABLE TO FI	ORIDA DEPARTMENT OF STATE P.O. ROY 6327, TALLAHASSER, FL.32	314

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)
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