

NLS 0000

10979

(Requestor's Name)

(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:

Office Use Only



900349496609

08/03/20--01009--021 **35.00

FILED
2020 AUG -3 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FL

JQ 09/23/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hope CommUnity Center, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000010978

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:

Jason Venning

Name of Contact Person

Hope CommUnity Center Inc

Firm/Company

1016 N Park Ave

Address

Apopka FL 32712

City/State and Zip Code

jvenning@hcc-offm.org

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

For further information concerning this matter, please call:

Jason Venning

Name of Contact Person

at (407)

880-4673

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

CR2E045 (04/13)

Admin
69500
Donations

F42021
7-21-20
335.00

☒ ENTERED

APPROVED

**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: Hope Community Center Inc.
2. The principal office address: 1016 N. Park Ave, Apopka FL 32712
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/24/2005 Document number: NO6000010978
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)

Brianti, Carol
90 E. Robinson Street
Orlando FL 32801

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

Pickhardt - Cruz, Laura
1016 N Park Ave
Apopka FL 32712

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.

→ Mary L. Carrozz VP
Signature of an officer or director

MARY L. CARROZZ
Typed or printed 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]
Signature of Registered Agent

7/15/20

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
2020 AUG -3 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FL