

NO9000004663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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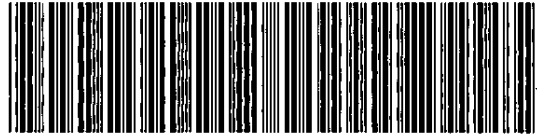
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

R.A. Chorge
C.COULLIETTE

OCT 14 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Angel Hands for ALS Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: N09000004663

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:

Carmen Morales Koenig
Name of Contact Person

Angel Hands for ALS Foundation, Inc.
Firm/Company

1129 Foothills Trail
Address

Wake Forest, NC 27587
City/State and Zip Code

Carmen@angelhandsforals.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen Morales Koenig at (919) 528-2929
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2009

CARMEN MORALES KOENING
ANGEL HANDS FOR A.L.S. FOUNDATION INC.
1129 FOOTHILLS TRAIL
WAKE FOREST, NC 27587

SUBJECT: ANGEL HANDS FOR A.L.S. FOUNDATION INC.
Ref. Number: N09000004663

We have received your document for ANGEL HANDS FOR A.L.S. FOUNDATION INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 809A00030779

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RECEIVED

**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: Angel Hands For ALS Foundation, Inc.
2. The principal office address: 1129 Foothills Trail
Walce Forest, NC 27587
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 5/07/09 Document number: N09000004663

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)

Carmen Morales Koenig
1172 S Dixie Hwy # 164
Coral Gables, Florida 33146

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

Carmen Morales Koenig
635 Knox McRae Drive
P.O. Box NOT acceptable
Titusville, Florida 32780

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DIVISION OF CORPORATIONS
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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]
Signature of an officer or director

Carmen Morales Koenig
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]
Signature of Registered Agent

9/01/09
Date

If signing on behalf of an entity:

Angel Hands For ALS Foundation Inc.
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 (8/05)