

N11000011607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HAIR FROM THE HEART FOUNDATION, INC
Name of Corporation

DOCUMENT NUMBER: N11000011607

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:

Patricia Sapp

Name of Contact Person

Hair from the Heart Foundation

Firm/Company

5600 11th Ave N.

Address

St. Petersburg FL 33710

City/State and Zip Code

tish@Hair from the Heart.com

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

For further information concerning this matter, please call:

Patricia Sapp

Name of Contact Person

at (727) 252-9056

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

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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: Hair from the Heart Foundation
2. The principal office address: 5600 11th Ave N.
St. Petersburg FL 33710
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/16/2011 Document number: N1100001607

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)

Patricia Allen (Resigned)
6251 Park Blvd Suite 4
Pine Hills Park FL 33781

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

Patricia Sapp
5600 11th Ave N.
St. Petersburg FL 33710
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.

Patricia Sapp
Signature of an officer or director

Patricia Sapp
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, hereby confirm that the corporation has been notified in writing of this change.

Patricia Sapp
Signature of Registered Agent

12-27-2011
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

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FLORIDA
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