## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

11 St. 29 AM 10: 40

## REGISTERED AGENT CHANGE UNSTOPPABLE HOPE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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A. LUNT

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

(((H21000364033 3)))

•	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi		
	r to change its registered office or registe	•	
1. The name of t	he corporation: Unstoppable Hope, Inc.		
2. The principal 2915 BISCAYN	office address: E BLVD, SUITE BB, MIAMI, FL 33137		
3. The mailing a	ddress (if different):		<u> </u>
4. Date of incorp	poration/qualification: 04/14/2015	Document number: N150000	03740
	I street address of the current registered as tment of State: (If resigned, enter resigne		ith the
	GRIFFITH, STACY		_
	1170 NW 11th Street #303		917 St. 2021
	MIAMI, FL 33136		- 1 OKE 7
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  LEGALINC CORPORATE SERVICES INC.			
	LEGALINC CORPORATE SERVICES INC.		Haji Balida D: 1
5237 SUMMERLIN COMMONS BLVD, SUITE 400			
	P.O. Box FORT MYERS, FL, US, 33907	NOT acceptable	-
The street addre	ess of its registered office and the street a be identical.	address of the business office of i	ts registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted be board, or the corporation has been not	by its board of directors or by an iffied in writing of the change.	officer so
Herr	a teres	Verna Popo, President	
I hereby accept I further agree to of my duties, an document is bei corporation has	re of an office of director  the appointment as registered agent and to comply with the provisions of all state d I am familiar with and accept the obli- ng filed merely to reflect a change in the been notified in writing of this change.	Printed or typed name and to d agree to act in this capacity, utes relative to the proper and con gation of my position as registere e registered office address, I here	
$\bigcirc$	200-	6/16/2021	
Sig	nature of Registered Agent	Date	
lf signing on be	half of an entity:		
ANNA MANUK			
τ <sub>:</sub>	yped or Printed Name  * * * FTI INC FF	F- \$35 (1) * * *	(((H21000364033 3)))