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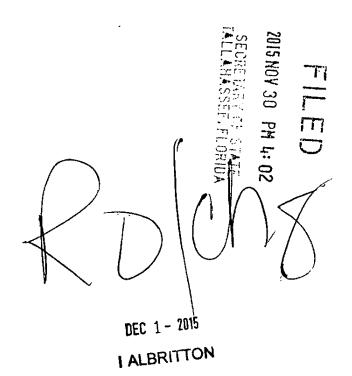
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TPPING Hand Organization INC Name of Corporation
DOCUMENT NUMBER: N/5 00005 335
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:
Donte Stevenson Name of Contact Person
Hoping hand organization inc Firm Company
9858 914des 104d # D3-542 Address
BOCG PUTON FL 33434 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Date Strenson at (571) 2/14/182 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 Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: HIMM NAND OFGANIZATION INC. 2. The principal office address: 9658 Glades Youd # 13-542. BUCA PATENTER 33434
3. The mailing address (if different):
05/27/2015 EFF: 05/22/2015 4. Date of incorporation/qualification: Document number: N15000005335
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)
STEVENSON, DONTE 911 SW 6TH AVE DELRAY BEACH, FL 33444
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Don't Stronger NEW ADDREST: 9858 Glacles road # D3-5-12
(if changed): DUNE SHURNOW NEW ADDREST:
9858 glados road # D3-52-12 P.O. Box NOT acceptable BOCA Pater, FL 33434
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.
Date Stevenson; Duner Signature of an officer or director Printed or typed name and title 3
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 of Registered Agent 1 19 5 Date
If signing on behalf of an entity:

* * * FILING FEE: \$35.00 * * *