

N160000008368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

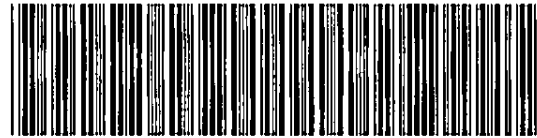
(Business Entity Name)

(Document Number)

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FEB 20 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sherry + Tim Houses of Hope Inc.
Name of Corporation

DOCUMENT NUMBER: N16000008368

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:

Sherry Nailor
Name of Contact Person

Sherry + Tim Houses of Hope Inc.
Firm/Company

P.O. Box 32
Address

Deland FL 32721
City/State and Zip Code

housesofhope@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry Nailor at (386) 283-0772
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED
18 FEB 20 PM 1:38
CR2005 (03/12)
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

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

January 24, 2018

SHERRY NAILOR
SHERRY & TIM HOUSES OF HOPE INC
32 PRICE LANE
PALM COAST, FL 32164

SUBJECT: SHERRY & TIM HOUSES OF HOPE INC
Ref. Number: N16000008368

We have received your document for SHERRY & TIM HOUSES OF HOPE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 318A00001519

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: Sherry + Tim Houses of Hope Inc
2. The principal office address: 32 Peice Lane
Deland COAST, FL 32144
3. The mailing address (if different): PO Box 32
Deland, FL 32721
4. Date of incorporation/qualification: 1-1-2018 Document number: N16000008368
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)

Sandra Anglin
1009 E. Howry Ave
Deland FL 32724

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

Sherry Nailor
1009 E Howry Ave.
P.O. Box NOT acceptable
Deland, FL 32724

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2018 FEB 20 PM 4:01

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.

Sandra Anglin
Signature of an officer or director

Sandra Anglin
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.

S Nailor
Signature of Registered Agent

1-13-18
Date

If signing on behalf of an entity:

Sherry Nailor
Typed or Printed Name

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