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FILED AMIO: 2

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: HOPE Project INC Name of Corporation			
DOCUMENT NUMBER: N 16 00000 8828			
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:			
Name of Contact Person			
HOPE P-oject INC			
4577 Quetchorse have			
Ch. 12- F2 32428 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (\$\overline{\chi_0}\$) 896 4868 Area Code & Daytime Telephone Number	er		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mulling Address.			
Mailing Address: Street Address: Amendment Section Amendment Section			
Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			
Tallahassee. FL 32314 2661 Executive Center Circle			
Tallahassee, FL 32301			

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.
1. The name of the corporation: HOPE Project Inc
2. The principal office address: 4577 Questurbouse Lone Chipley FL 32428
3. The mailing address (if different): 4577 Quartuhorse Lane Chipley FL 32428
4. Date of incorporation/qualification: Ser 8, 2016 Document number: N16 00000 8828
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)
Ryan Ison
120 Turtle Cove
Pagena City Beach 32413 PM =
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
David Trosdon
2460 Dumajack Rd PO Box NOT acceptable
Chipley FL 32428
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 of an officer of an
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 Registers Reent Date
Signature of Registere Agent Date If signing on behalf of an entity:
The HOPE Project Typed or Printed Name
* * * FIŁING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)