

N180000 11194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

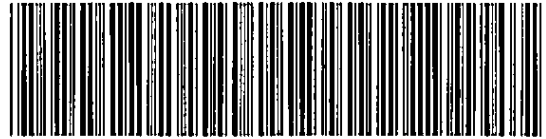
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Happy Housing Foundation, Inc.

Name of Corporation

**DOCUMENT NUMBER:** N18000011194

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:

Onika Washington

Name of Contact Person

Happy Housing Foundation, Inc.

Firm/Company

1125 Clinging Vine PL

Address

Winter Springs, FL 32708

City/State and Zip Code

HappyHousingFoundation@gmail.com

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

For further information concerning this matter, please call:

Onika Washington

Name of Contact Person

at ( 407 ) 227-7477

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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OFFICE  
CLERK  
TALLAHASSEE

**- 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: Happy Housing Foundation, Inc.  
2. The principal office address: 1125 Clinging Vine PL  
Winter Springs, FL 32708  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/18/2018 Document number: N18000011194

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)

Anderson Reistered Agents, Inc.

1000 N. Washington Blvd.

Sarasota, FL 34236

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

Onika Washington

1125 Clinging Vine PL

P.O. Box NOT acceptable

Winter Springs, FL 32708

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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.

Onika P. Washington  
Signature of an officer or director

Onika P. Washington

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.*

Onika P. Washington  
Signature of Registered Agent

10/18/2019

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE