

N19 0000000 129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

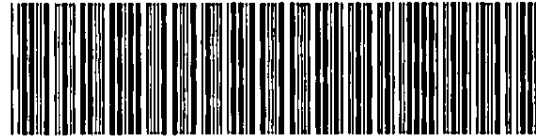
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PO-
Change

07/16/21--01011--010 ++35.00

2021 JUL 16 AM 9:00
SECRETARY OF STATE
OFFICE OF REGISTRAR

FILED

AUG 04 2021

A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEROES STRONG, INC
Name of Corporation

DOCUMENT NUMBER: N19000000129

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:

DAVID RUBIN

Name of Contact Person
HEROES STRONG, INC.

Firm/Company
421 WEKIVA COVE ROAD

Address
LONGWOOD, FL 32779

City/State and Zip Code
EVERYDAYISAWIN@GMAIL.COM

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

For further information concerning this matter, please call:

DAVID RUBIN at (407) 492-0524
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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: HEROES STRONG, INC.
2. The principal office address: 421 WEKIVA COVE ROAD, LONGWOOD, FL 32779

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/28/2018 Document number: N19000000129

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)

JESSICA HALLGREN KENDRICK, PLLC

421 WEKIVA COVE ROAD

LONGWOOD, FL 32779

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

JESSICA HALLGREN KENDRICK, PLLC

630 N. WYMORE RD., STE 370

MAITLAND, FL 32751

P.O. Box NOT acceptable

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 or director

DAVID RUBIN

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.



Signature of Registered Agent

07/14/2021

Date

If signing on behalf of an entity:

JESSICA KENDRICK

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

FILED
2021 JUL 16 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FL