(Requestor's Name)
(requester a risine)
(Address)
(Addless)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opeoid mandening to 1 ming emeet.

Office Use Only



200407424942

JUL 1 9 2023

**D** CUSHING

## **COVER LETTER**

.

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: HEROES STRONG, INC.	
DOCE	IMENT NUMBER: N19000000129	
The en	iclosed Statement of Change of Registers	ed Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning th	is matter to the following:
Mitche	lł Chubb	
Name	of Contact Person	
Chubb	Law, PA	
Firm/C	ompany	<del></del>
250 Int	ernational Pkwy., Ste. 146	
Addres		
Lake N	tary, Fl. 32746	
City/St	ate and Zip Code	
	mitch@chubbtirm.com	
E-mai	l address: (to be used for future annua	al report notification)
For fur	ther information concerning this matter,	please call:  at (407 955-4180 P)  Area Code & Daytime Telephone Number P)  Department of State.
Mitchel	ll Chubb	
	Name of Contact Person	Area Code & Daytime Telephone Number 19
		7
Enclose	ed is a \$35.00 check made payable to the	e Department of State.
		` <del></del> '
	Mailing Address:	Street Address:
	Mailing Address: Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: N19000000129
2. The principal	office address: 421 WEKIVA COVE ROAD LONGWOOD, FL 32779
3. The mailing :	nddress (if different):
4. Date of incor	poration/qualification: 12/28/20018 Document number: N19000000129
	d street address of the current registered agent and registered office on file with the rement of State: (If resigned, enter resigned)
	Jessica Hallgren Kendrick, PLLC
	630 N. WYMORE RD, Ste. 370
	MAITLAND, FL 32751
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Chubb Law, PA
	250 International Pkwy., Stc. 146
	P.O. Bex. NOT acceptable  Lake Mary, FL 32746
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agents be identical.
Such change was authorized of th	as authorized by resolution duly adopted by its board of directors or by an officer so is board, or the corporation has been notified in writing of the change.
0	waxional Loader = Printed or typed name and title
I hereby accept I further agree to of my duties, and document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of Lam familiar with and accept the obligation of my position as registered agent. Or, if this ng idea merely to reflect a change in the registered office address. I hereby confirm that the byten notified by writing of this change.
	HIZS 23 Date Date
//	half of an entity:
Mitrue	ped or Printed Name

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