N21000002238

(Requestor's Name)	
(Address)	
(Address)	_
,	
(City/State/Zip/Phone #)	
(City/State/Zip/Priorie #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Business Emily Harne)	
(Document Number)	
Certified Copies Certificates of Status	_
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FEB 15 JULY.

COVER LETTÉR

Amendment Section

TO:

Name of Contact Person	Area Code & Daytime Telephone Number
Christiane Hogan	269 532-2621
For further information concerning this matter, pl	lease call:
E-mail address: (to be used for future annual	report notification)
vchoganfoundation@gmail.com	
City/State and Zip Code	
San Antonio, FL 33576	
Address	
12231 main st unit 742	
Firm/Company	
Name of Contact Person The Vincent and Christiane Hogan Foundation	
Christiane Hogan	
Please return all correspondence concerning this	matter to the following:
The enclosed Statement of Change of Registered	•
	057 14 15 15 15 15 15 15 15 15 15 15 15 15 15
DOCUMENT NUMBER: N21000002238	
Name of Corporation	
SUBJECT: The Vincent and Christiane Hogan Found	dation
Division of Corporations	

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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation o	1.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Florida egistered agent, or both, in the State of Florida.		
	The Vincent and Chri	stiane Hogan Foundation		
2. The principal office address:				
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: February 25, 2	021		
	d street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file with the signed)		
	United States Corporation Agents, Inc	PA T		
	5575 S Semoran Blvd Suite 36			
	Orlando Fl 32822	ASSI P		
6. The name an (if changed):	d street address of the new registered	agent (if changed) and /or registered office		
	Christiane Hogan			
	12231 main st unit 742			
	San Antonio, Fl 33576	O. Box NOT acceptable		
The street addr	ess of its registered office and the st l be identical.	reet address of the business office of its registered agent,		
Such change wauthorized by t	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.		
Mistion	i Man	Christiane Hogan		
_	are of an officer or director	Printed or typed name and title		
I further agrée of my duties, ar document is be	t the appointment as registered ager to comply with the provisions of all and I am familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha	statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the		
Wrut	on My.	01/29/2022		
Sig	gnature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Christiane Hogai	n			
	yped or Printed Name			

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