N2 100000 4795

(Req	uestor's Name)	
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(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
		
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: THE RICHARD HAGY MEMORIAL Name of Corporation	FUND. INC.		
DOCUMENT NUMBER: N21000004795			
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
JESSICA DELGADO			
Name of Contact Person			
THE RICHARD HAGY MEMORIAL FUND, INC.			
Firm/Company			
11159 LAKELAND CIRCLE			
Address			
FT. MYERS, FL 33913			
City/State and Zip Code			
jlh32727@gmail.com			
E-mail address: (to be used for future annua	l report notification)		
For further information concerning this matter,	please call:		
Jessica Delgado	239 677-9253		
Name of Contact Person	at (239) 677-9253 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the	Department of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Cornerations	Division of Cornerations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation r to change its registered office or .	organized under the laws of the	e State of Florida	3	_
1. The name of t	the corporation: THE RICHARD HA	AGY MEMORIAL FUND. INC.			
	office address: 11159 Lakeland Circ				<u> </u>
3. The mailing a	ddress (if different):				<u> </u>
4. Date of incorp	poration/qualification: 3/22/2021	Document number	: <u>N21000004795</u>		
5. The name and Florida Depar	I street address of the current registed the street address of the current registed the first street address of the current registed the street address of the current register.	ered agent and registered office esigned)	on file with the		
	Jessica Delgado				
	8384 Silver Birch Way			202	
	Lehigh Acres, FL 33971		LLA	,4 OCT	
6. The name and (if changed):	tment of State: (If resigned, enter register Delgado 8384 Silver Birch Way Lehigh Acres, FL 33971 street address of the new registere Jessica Delgado 11159 Lakeland Circle	d agent (if changed) and /or reg	gistered office	2024 OCT 29 PH 1: 00	LED
	Jessica Delgado			-	
	11159 Lakeland Circle		AID A	, Fig. 6	
	Ft. Myers, FL 33913	2.O. Box NOT acceptable			
	 				
The street address changed will	ess of its registered office and the be identical.	street address of the business of	office of its regis	stered age	:nt,
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	lopted by its board of director en notified in writing of the cl	s or by an office hange.	er so	
Jean.	re of ah officer or director	Jessica Delgado			
Signatu	re of an officer or director	Printed or type	d name and title		
I further agree a of my duties, an document is bei	the appointment as registered age to comply with the provisions of a d I am familiar with and accept the ng filed merely to reflect a change there notified in writing of this ch	ll statutes relative to the propo we obligation of my position as win the registered office addre	er and complete	performa it. Or. if i firm that	nce this the
Sig Sig	hature of Registered Agent	10/24/	124 ate		_
If signing on be	half of an entity:				
Jessica Delgado					
T	yped or Printed Name				

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