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(((H230002054153)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

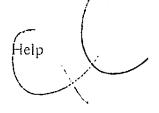
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Rma il	Address:			
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REGISTERED AGENT CHANGE HOPE AND ASPIRATIONS FOUNDATION INC

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Page Count	01
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• To: 18506176380 From: 12147128131 Date: 06/07/23 Time: 1:43 PM Page: 02/02

FOR CORPO		(((H230002054153
		617.0502, 607.1508, or 617.1508, Florida Statutes, this
•	•	on organized under the laws of the State of FL. or registered agent, or both, in the State of Florida.
	S	
1. The name of	the corporation: HOPE AND ASF	PIRATIONS FOUNDATION INC
2. The principal	office address: 151 Southwest 135	5th Terrace, Apt. T111, Pembroke Pines, FL, US, 33027
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 11-15-202.	Document number: N22000012930
	d street address of the current regi rtment of State: (If resigned, enter	istered agent and registered office on file with the resigned)
	RILEY, JOY	20
	1235 NW 41 STREET	73 JUL 23 TALL
	MIAMI, FL 33142	——————————————————————————————————————
6. The name and (if changed):	d street address of the new registe	ored agent (if changed) and /or registered office of the vices INC.
	LEGALINC CORPORATE SER	VICES INC.
	476 Riverside Ave	
		P.O. Box. NOT acceptable
	Jacksonville, FL, 32202	
The street address changed will	ess of its registered office and the	e street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
Gle	nda D. Moton	Glenda D. Moton, President
U		Frinted or typed name and title
l further agrée i of my duties, an document is bei	to comply with the provisions of ad I am familiar with and accept	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.
Coll 4	· Ho	6/7/2023
Šig	nature of Registered Agent	Date

If signing on behalf of an entity:

Erik Treutlein

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)

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