N23000010963

(Rec	questor's Name)	·-
(Add	lress)	<u> </u>
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
	Office Use Or	



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COVER LETTER

TO:	Amendment Section Division of Corporations	ī	••			
	514131011 of Corporations	•				
SUBJ Name	IECT: New Hope Now 501c3 corporation of Corporation					
DOC	UMENT NUMBER: N23000010963					
The e	nclosed Statement of Change of Registered Office/Agr	ent and fee	are submitted fo	or filing.		
Pleas	e return all correspondence concerning this matter to the	ie followir	ng:			
	Mosea					
Namo	e of Contact Person					
New	Hope Now 501c3 corporation					
Firm/	Company					
201 E	Rockefeller Drive					
Addr	ess					
Onno	and Beach, FL 32176			35	20;	
City/S	State and Zip Code			255	(<u>~</u>	tekçikiy
	carol@newhopenow.net			1 [T] [₹	1
E-ma	til address: (to be used for future annual report not	ification)			2024 JUN 15	7
For fi	urther information concerning this matter, please call:			ST STATE	AH 11: 49	
Carol	Mosca	(386) 878-1252	נייז		
	Name of Contact Person	Area Co	de & Daytime To	elephone	Numb	oer _

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

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607. inge is submitted for a corporation organized un r to change its registered office or registered ag	der the laws of the State of Florida	ì	
	the corporation: New Hope Now 501c3 corporation office address: 201 B Rockefeller Drive Ormond			
3. The mailing a	ddress (if different):			
4. Date of incom	poration/qualification: May 15, 2020	Document number: N23000010963		
	I street address of the current registered agent artment of State: (If resigned, enter resigned)	nd registered office on file with the		
	Carol Mosca			
	6287 N. Ocean Shore Blvd., Unit 4			
	Palm Coast, FL 32137			
6. The name and (if changed):	d street address of the new registered agent (if ch	nanged) and /or registered office	2024 JUN 15	aran j
	Carol Mosca	OALY AY		(Marie 12)
	201 B Rockefeller Drive		AM I	
	P.O. Box NOT ac Ormond Beach, FL 32176	cceptable TIP	49 :11 MA	1000
The street addreas changed will	ess of its registered office and the street addres be identical.	s of the business office of its regi	stered :	agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its ne board, or the corporation has been notified i	board of directors or by an office n writing of the change.	er so	
0~	Caro	ol Mosca, Director		
Signatu	re of an officer or director	Printed or typed name and title		
I furthér agrée (of my duties, an document is bei	the appointment as registered agent and agre- to comply with the provisions of all statutes re- id I am familiar with and accept the obligation ng filed merely to reflect a change in the regis s been notified in writing of this change.	e to act in this capacity. lative to the proper and complete of my position as registered agei tered office address, I hereby con	perfor n. Or yirm th	mance if this at the
æ	June	15, 2024		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
r	yped or Printed Name * * * FILING FEE: \$3	5.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314