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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

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

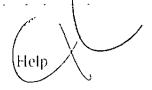
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REGISTERED AGENT CHANGE HIS RESTORATION HOUSE, INC.

Certificate of Status	0		
Certified Copy	0		
Page Count	02		
Estimated Charge	\$35.00		

Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	nge is submitted for a corporatio	517.6502, 607.1508 , or 617.1508 , Florida $Sn organized under the laws of the State of \botr registered agent, or both, in the State of F$	Fl.	his ———	_
1. The name of t	he corporation: HIS RESTORATION	ON HOUSE, INC.			
3. The mailing a	ddress (if different):				
4. Date of incorμ	oration/qualification: 01/19/2024	Document number: N2400000	0725		
	street address of the current regisment of State: (If resigned, enter	stered agent and registered office on file will resigned)	th the		
	LEGALING CORPORATE SERVICE	CES INC.			
	476 RIVERSIDE AVE				
	JACKSONVILLE, FL 32202		16.	2	
6. The name and (if changed):	street address of the new register	TAJ.LAI	2024 FEB 1		
	Northwest Registered Agent LLC		SVH	6	9 T
	7901 4th St N STE 300	SEC	HA		
			S:0	*0:	
	St. Petersburg FL 33702		. ===	9	
The street addre	ss of its registered office and the be identical.	street address of the business office of its	s register	ed agei	nt,
		adopted by its board of directors or by an open notified in writing of the change.			
Signatur	corin onle orking faire	Valerie McClain, President Printed or typed name and or	le		
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered as o comply with the provisions of d I am familiar with and accept ne filed merely to reflect a chany been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and com the obligation of my position as registered ge in the registered office address, I hereb hange.	plete per Lagent, y confirn	jormar Or, if t n that t	nce his he
FN-		02/16/2024			
ZSig i	ature of Registered Agent	Date			-
If signing on be	nalf of an entity:				
Taylor Newman		_			
Ty	ped or Printed Name				

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