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SECNETARY OF STATES
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: HPS, Training	g and Employment Center, Inc.
SUBJECT.	Name of Corporation
DOCUMENT NUMBER: N39	901
The enclosed Statement of Change	of Registered Office/Agent and fee are submitted for filing.
٠	ncerning this matter to the following:
Deborah	· · · · · · · · · · · · · · · · · · ·
,	Name of Contact Person
HPS, He	elping People Succeed, Inc.
	Firm/Company
1601 NE	Braille Place
Jensen	Beach, FL 34957
	City/State and Zip Code
dtasy@h	psfl.org
	(to be used for future annual report notification)
For further information concerning	this matter, please call:
Deborah Tasy	at (772) 320-0770 Area Code & Daytime Telephone Number
Name of Contact Pe	rson Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made pa	 ayable to the Department of State.
<u>Mailing Ao</u> Amendme	Idress: Street Address: nt Section Amendment Section
	Corporations Division of Corporations
P.O. Box	II
Tallahasse	FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: HPS, Training and Employment Center, Inc. 2. The principal office address: 1601 NE Braille Place Jensen Beach, FL 34957 3. The mailing address (if different) P.O. Box 597 Stuart, FL 34995 4. Date of incorporation/qualification: Sept 11, 1990 Document number: N39901 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Suzanne Hutcheson 1100 SE Federal Highway Stuart, FL 34994 6. The name and street address of the new registered agent (if changed) and /or registered office of its registered office and the street address of the business office of its registered agent, if the schange was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Suganure of statics of the complete or		y 11	s 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
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	Sign	ature of Registered Agent	Date
Typed or Printed Name	If signing on bel	nalf of an entity:	
* * * FILING FEE: \$35.00 * * *	Ту	ped or Printed Name	* * * FU INC FFF: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)