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(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	ty/State/Zip/Phone	e #)	
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(Document Number)			
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COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT: HOSANNA GLOBAL MISSION INC Name of Corporation DOCUMENT NUMBER: N99000002716 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GABRIELLE ALEXIS Name of Contact Person HOSANNA GLOBAL MISSION Firm/Company 11352 W. STATE ROAD 84 Ste 18 Address Davie FL 33325 City/State and Zip Code stevesaintus@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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

at (954) 681-0023 Area Code & Daytime Telephone Number

CR2E045 (04/13)

Gabrielle Alexis

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

statement of ch	ange is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, anized under the laws of the State of Florida istered agent, or both, in the State of Florida.	, this	
1. The name of	the corporation: HOSANNA GLOBAL	MISSION, INC		
	l office address: 3671 ENVIRON BLVE	STE 668		
<u> </u>	LAUDERHILL FL 3331	9		
3. The mailing	address (if different): 11352 W. STATE	ROAD 84 APT 18		
		Document number: N99000002716		-
5. The name an		agent and registered office on file with the		=
	STEVE SAINTUS			
	2732 SPINDLETOP LN NW		FALL	2022
	KENNESAW GA 30144		: 3	SEP
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			() () () () () () () () () ()	12 PH
	GABRIELLE ALEXIS			
	11352 W. STATE ROAD 84 APT18		<u>.</u>	26
P.O. Box NOT acceptable				
	DAVIE FL 33325			
		address of the business office of its registe		
authorized by th	ne board for the corporation has been n	ed by its board of directors or by an officer s otified in writing of the change.	ю.	
- Eignatur		STEVE SAINTUS		
l hereby accept I further agree t of my duties, an document is bei	the appointment as registered agent a the appointment as registered agent a to comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in to been notified in writing of this change	Printed or typed name and litle nd agree to act in this capacity, tutes relative to the proper and complete pe ligation of my position as registered agent, he registered office address, I hereby confire 2.	rformance Or, if this m that the	
Gabre	Jabrielle Alexia 08/30/2022 Signature of Registered Agent			
0 -	.	Date		
_	half of an entity:			
GABRIELLE AL				
ιy	rped 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)