## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CCRPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:

## REGISTERED AGENT CHANGE HUM-E-FL, INC.

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		Page Count	02
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Corporate Filing Menu

Help

To: "

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

statement of cha	nge is submitted for a corporati	. 617.0502, 607.1508, or 617.1508, Florida Stati on organized under the laws of the State of Flor or registered agent, or both, in the State of Flori	ida	
	he corporation: HUM-E-FL, INC			
2. The principal	office address: 500 West Main S	treet, Louisville, KY 40202		
3. The mailing a	ddress (if different):			
4. Date of incorp	14			
	street address of the current regiment of State: (If resigned, ente	gistered agent and registered office on file with the resigned)	าย	
	CORPORATION SERVICE CO	MPANY		
	1201 HAYS STREET		۲Ŋ	2
	TALLAHASSEE, FL 32301-253	25	TAL	2022 AUG
6. The name and (if changed):	street address of the new regist	ered agent (if changed) and /or registered office	LAHAS	+
	CT Corporation System		35 55 55 55 55 55 55 55 55 55 55 55 55 5	32
	1200 South Pine Island Road		, FL	կ։ 20
	P.O. Box NOT acceptable			
	Plantation, Florida 33324			
The street addre	ess of its registered office and the identical.	he street address of the business office of its re-	gistered :	igent,
Such change wa	is authorized by resolution duly be board, or the corporation has	adopted by its board of directors or by an officibeen notified in writing of the change.	cer so	
See 2	y or	Joe Davis, Vice President		
Signanti	e of an officer or director	Printed or typed name and fitte		
I further agree t of my duties, an document is bei	o comply with the provisions o	agent and agree to act in this capacity, if all statutes relative to the proper and complet if the obligation of my position as registered ag nge in the registered office address, I hereby co s change.	te perfort ent. Or onfirm th	nance if this at the
CT Corporation	System	08/01/2022		
CALL SIN	Zitule of Registered Agent	Date		
" [				
	half of an entity:			
Alfred Yo				
CICTORY S	Acratam			

\* \* \* 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)

Ву: