

PO6000092784

(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

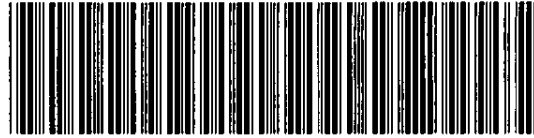
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EXAMINER

CHANGE OF ADDRESS

- **NAME OF CORPORATION:**

HOPE OF LIFE DIAGNOSTICS, CORP.

- **DOCUMENT NUMBER:**

P09000092784

- **OLD PRINCIPAL ADDRESS:**

**2665 CLEVELAND AVE, STE 107
FORT MYERS, FL 33901**

- **NEW PRINCIPAL ADDRESS:**

**1823 SW 15TH PLACE
CAPE CORAL, FL 33991**

- **NEW MAILING ADDRESS:**

**1823 SW 15TH PLACE
CAPE CORAL, FL 33991**