

PO8000104387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

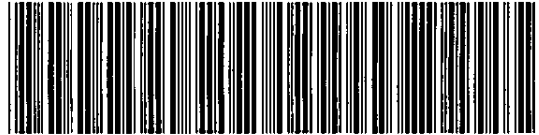
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chang
C.COULLETTE

JUN 30 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Community Hope Financial Services Inc.
Name of Corporation

DOCUMENT NUMBER: P08000104387

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:

Jackelyn Polanco
Name of Contact Person

Community Hope Financial Services Inc.
Firm/Company

1975 Sansbury's Way Suite 115
Address

West Palm Beach, FL 33411
City/State and Zip Code

jpchfs@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackelyn Polanco at (561) 584-8001
Name of Contact Person Area Code & Daytime Telephone Number

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this 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: Community Hope Financial Inc.
2. The principal office address: 1975 Sansbury's Way Suite 115
West Palm Beach, FL 33411
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/28/2008 Document number: P08000104387

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)

Jose A. Polanco Resigned

3014 Hamblin Way

Wellington, FL 33414

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jackelyn Polanco

3014 Hamblin Way

P.O. Box NOT acceptable

Wellington, FL 33414

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change 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.

Jose A. Polanco
Signature of an officer or director

Jose A. Polanco
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Jackelyn Polanco
Signature of Registered Agent

6/24/09
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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