

PI1410000095157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

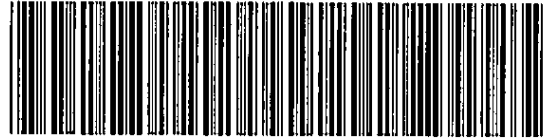
(Business Entity Name)

(Document Number)

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R. WHITE  
JUL 10 2018

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18 JUL -9 AM 9:17  
STATE  
MONTGOMERY COUNTY

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HANNIC CORP  
Name of Corporation

**DOCUMENT NUMBER:** P14000095157

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:

GLENN STEIN  
Name of Contact Person

HANNIC CORP  
Firm/Company

11714 NE 62ND TERRACE  
Address

*The* VILLAGES, FL 32162  
City/State and Zip Code

JULIANAGSTEIN@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIANA STEIN at ( 352 ) 4272822  
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: HANNIC CORP
2. The principal office address: 11714 NE 62ND TERRACE, VILLAGES, FL 32162
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/18/2014 Document number: P14000095157

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)

GLENN STEIN

11714 NE 62ND TERRACE

the VILLAGES, FL 32162

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

GLENN STEIN

11714 NE 62ND TERRACE

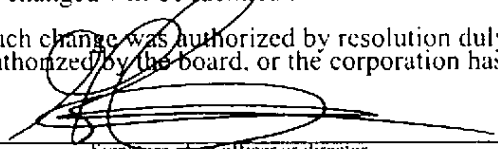
P.O. Box NOT acceptable

VILLAGES, FL 32162

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

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.

  
\_\_\_\_\_  
Signature of an officer or director

GLENN STEIN (PRESIDENT)

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.*

  
\_\_\_\_\_  
Signature of Registered Agent

7/5/2018

Date

If signing on behalf of an entity:

GLENN STEIN

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE