

P150000 16157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

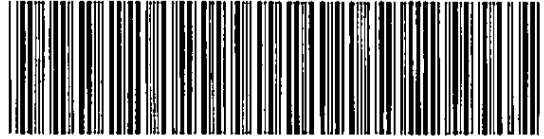
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 02 2019
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MailHippo, Inc.
Name of Corporation

DOCUMENT NUMBER: P15000016157

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:

Chris Almond
Name of Contact Person

MailHippo, Inc.
Firm/Company

2500 NE 35th St.
Address

Lighthouse Point, FL 33064
City/State and Zip Code

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

For further information concerning this matter, please call:

Chris Almond at (786) 505-7712
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2019

CHRIS ALMOND
MAILHIPPO, INC.
2500 NE 35TH ST
LIGHTHOUSE POINT, FL 33064

SUBJECT: MAILHIPPO, INC.
Ref. Number: P15000016157

We have received your document for MAILHIPPO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 419A00005771

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METAL
CLARK

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: MailHippo, Inc.
2. The principal office address: 2637 E. Atlantic Blvd #1063
Pompano Beach, FL 33062
3. The mailing address (if different): 2637 E. Atlantic Blvd #1063
Pompano Beach, FL 33062
4. Date of incorporation/qualification: 2/18/2015 Document number: P15000016157
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)

Chris Almond
2500 NE 35th St.
Lighthouse Point, FL 33064

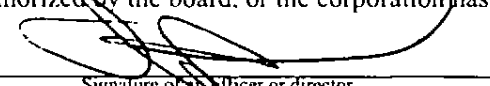
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Chris Almond
2637 E. Atlantic Blvd #1063
P.O. Box NOT acceptable
Pompano Beach, FL 33062

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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

Chris Almond, 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

3/11/2019

Date

If signing on behalf of an entity:

Typed or Printed Name

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