

P96000000971

(Requestor's Name)

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(Address)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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@ 7.16.12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SABRINA HOPE, INC.

Name of Corporation

DOCUMENT NUMBER: P96000000971

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:

MATTHEW CRONIN

Name of Contact Person

MATTHEW CRONIN, CPA

Firm/Company

401 COLUMBUS AVE STE 100

Address

VALHALLA, NEW YORK 10595

City/State and Zip Code

MGCCPA@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW CRONIN

Name of Contact Person

at (914) 423-6509

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



RECEIVED
DIVISION OF CORPORATIONS
JUL 13 2012

2012 JUL 13 AM 8:03

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TO AGENCY FILE
SUFFICIENCY OF FILING

June 19, 2012

MATTHEW CRONIN
MATTHEW CRONIN, CPA
401 COLUMBUS AVE - STE. 100
VALHALLA, NY 10595

SUBJECT: SABRINA HOPE, INC.
Ref. Number: P96000000971

We have received your document for SABRINA HOPE, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 412A00016945

**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: SABRINA HOPE, INC.
2. The principal office address: 5025 COLLINS AVENUE APT 7H
MAIMI BEACH, FL 33141
3. The mailing address (if different): C/O CRONIN CPA
401 COLUMBUS AVENUE STE 100 VALHALLA, NEW YORK 10595
4. Date of incorporation/qualification: 01/04/1996 Document number: P96000000971
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)

COPROLITE CORPORATION

ONE SE THIRD AVENUE #1400A

MIAMI, FL 33131

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

Sheldon Perl

5025 COLLINS AVENUE APT 7H

P.O. Box NOT acceptable

MAIMI BEACH, FL 33141

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.

Sheldon Perl
Signature of an officer or director

SHELDON PERL, 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. If, 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.

Sheldon Perl
Signature of Registered Agent

6/6/12
Date

If signing on behalf of an entity:

SHELDON PERL

Typed or Printed Name

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

12 JUL 13 AM 9:00
DIVISION OF CORPORATIONS
SECRETARY OF STATE