

P97000099175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

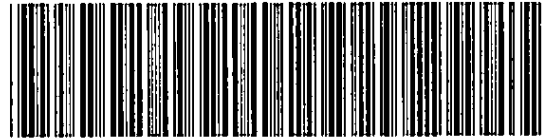
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Human Services Outcomes, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P97000099175

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:

Steven Simon

Name of Contact Person

Human Services Outcomes, Inc.

Firm/Company

901 Abernathy Road, #4240

Address

Sandy Springs, GA 30328

City/State and Zip Code

hsohso1@gmail.com

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

For further information concerning this matter, please call:

Steven Simon

Name of Contact Person

at ( 727 ) 580-9023

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Human Services Outcomes, Inc.
2. The principal office address: \_\_\_\_\_  
13575 58th Street North, #209, Clearwater, FL 33760
3. The mailing address (if different): 901 Abernathy Road, #4240, Sandy Springs, GA 30328
4. Date of incorporation/qualification: 11/17/97 Document number: P97000099175
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)

Steven E Simon

13575 58th Street North, #209

Clearwater, FL 33760

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

Registered Agents Inc

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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.

Steven E. Simon  
Signature of an officer or director

STEVEN E. SIMON, PRESIDENT & CEO  
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.

Bill Havre  
Signature of Registered Agent

10/25/2022

Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)