

2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N17000004816

Entity Name: ALL HANDS GIVING BACK, INC

Current Principal Place of Business:

11085 N.W. 39TH STREET
SUNRISE, FL 33351

Current Mailing Address:

11085 N.W. 39TH STREET
UNIT #305
SUNRISE, FL 33351 US

FEI Number: 82-1447616

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RCM GROUP, LLC
11085 N.W. 39TH STREET
UNIT #305
SUNRISE, FL 33351 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOANNE SALTER

08/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SALTER, JOANNE
Address 11085 N.W. 39TH STREET
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR
Name HIGGS, ANTWON
Address 11085 N.W. 39TH STREET
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR
Name WHITE, NICOLE
Address 11085 N.W. 39TH STREET
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR
Name LEWIS, DEXTER
Address 11085 N.W. 39TH STREET
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR
Name POWDER, TED
Address 11085 N.W. 39TH STREET
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR
Name MASH, DEON
Address 11085 N.W. 39TH STREET
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR
Name DARDEN, WANDA
Address 11085 N.W. 39TH STREET
City-State-Zip: SUNRISE FL 33351

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOANNE SALTER

PRESIDENT

08/27/2021

Electronic Signature of Signing Officer/Director Detail

Date