

10/5/22, 12:32 PM

Division of Corporations

N9501100378

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@incorp.com

2022 OCT - 6 PM 2:57
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TALLAHASSEE FL

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REGISTERED AGENT CHANGE
HERITAGE FOR THE BLIND, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

A. BUTLER
OCT - 7 2022

H22000342263 3

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Heritage For The Blind, Inc.
Name of Corporation

DOCUMENT NUMBER: N95000000378

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:

Name of Contact Person
InCorp Services, Inc.
Firm/Company
3773 Howard Hughes Pkwy. · Suite 500S
Address
Las Vegas, NV 89169-6014
City/State and Zip Code

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

For further information concerning this matter, please call:

Amber Ragland on behalf of InCorp Services, Inc. at 800-246-2677
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

H22000342263 3

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Heritage For The Blind, Inc.

2. The principal office address: 2182 Flatbush Ave
Brooklyn, NY 11234

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/25/1995 Document number: N95000000378

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)

GONZALEZ , GINA

493 Boundarv Blvd

FILED
2022 OCT -6 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FL

H22000342263 3

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Heritage For The Blind, Inc.
- 2. The principal office address: 2182 Flatbush Ave
Brooklyn, NY 11234
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 01/25/1995 Document number: N95000000378
- 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)

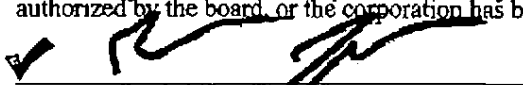
GONZALEZ, GINA
493 Boundary Blvd
Rotonda West, FL 33947

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 SECRETARY OF STATE
 TALLAHASSEE, FL

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- InCorp Services, Inc.
17888 67th Court North
P.O. Box NOT acceptable
Loxahatchee, FL 33470

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

Shrage Toiv, Director

 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

October 5, 2022

 Date

If signing on behalf of an entity:
Isabel Burgos on behalf of InCorp Services, Inc.

 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)