

F10000001083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

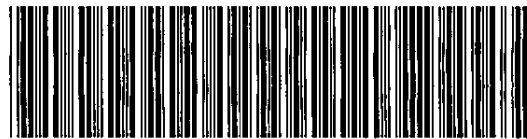
(Business Entity Name)

(Document Number)

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RA address  
Change

11/27/13--01006--015 \*\*35.00

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TALLAHASSEE, FLORIDA

002  
12/5/13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hamilton Alliance, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F10000001083

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:

James H. Edwards  
Name of Contact Person

Firm/Company

17066 Bay Street  
Address

Jupiter, FL 33477  
City/State and Zip Code

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

For further information concerning this matter, please call:

James H. Edwards at ( 317 ) 590-1640  
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

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

1. The name of the corporation: Hamilton Alliance, Inc.
2. The principal office address: 17066 Bay Street, Jupiter, FL 33477
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/03/2010 Document number: F10000001083
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)

James Edwards

5451 FLORENCE POINT DRIVE

AMELIA ISLAND, FL 32034

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

James H. Edwards

17066 Bay Street

P.O. Box NOT acceptable

Jupiter, FL 33477

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TALLAHASSEE, FLORIDA

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]  
Signature of an officer or director

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]  
Signature of Registered Agent

11/25/13  
Date

If signing on behalf of an entity:

James Edwards  
Typed or Printed Name

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