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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Hammock Park Name of Corporation	Homeowners association, Inc.	
DOCUMENT NUMBER: 0 150000	c 3663	
The enclosed Statement of Change of Registered Off		
Please return all correspondence concerning this mat	tter to the following:	
Darcie Englert Name of Contact Person		
Name of Contact Person		
Name of Contact Person American Home Team Firm/Company 253 Plaza Dr., Suit Address	Realty, LLC	
Firm/Company		
253 Plaza Dr., Suit	<u> </u>	
Address		
Oviedo, FZ 32765 City/State and Zip Code		
City/State and Zip Code		
E-mail address: (to be used for future annual rep	to hotmail. com	
E-mail address: (to be used for future annual rep	port notification)	
For further information concerning this matter, please	se call:	
Name Carlot	1147 259 -95AC	
Normal Contact Person	at (407) 359 - 9500 Area Code & Daytime Telephone Number	
Name of Confact reison	Area code & Baytime Polophone Pamoor	
Enclosed is a \$35.00 check made payable to the Dep	partment of State.	
Mailing Address:	Street Address:	
Mailing Address: Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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: Hammock Park Homeowners association, 7	れこ
2 1th minimal office address: 253 Plaza Dr. Suite D	
GViedo, FL 32765	
3. The mailing address (if different): Same	
4. Date of incorporation/qualification: 4-10-15 Document number: 15000000000000000000000000000000000000	
5. The name and street address of the current registered agent and registered office on the wint the Florida Department of State: (If resigned, enter resigned)	
martell & Ozim, P.A.	
37 N. orange ave, Juite 500	9
Orlando, Fr 32801	عنی، است: ر
6. The name and street address of the new registered agent (if changed) and for registered office (if changed): Qmerican Home Team Realty, LLC of 25.3 Plaza Drive, Suite D. P.O. Box NOT acceptable	11 U
Oviedo A 33765	
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.	
Christocher 6. Socias	
I hereby accept the appointment as registered agent and agree to act in this capacity. 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 pasition as registered agent. Or, if this of my duties, and I am familiar with and accept the obligation of my pasition as registered agent. Or if this of my duties, and I am familiar with and accept the obligation of my pasition as registered agent. Or, if this of my duties, and I am familiar with an accept the obligation of my pasition as registered agent. Or, if this of my duties, and I am familiar with an accept the obligation of my pasition as registered agent. Or, if this of my duties, and I am familiar with an accept the obligation of my pasition as registered agent. Or, if this of my duties, and I am familiar with an accept the obligation of my pasition as registered agent. Or, if this of my duties, and I am familiar with an accept the obligation of my pasition as registered agent. Or, if this of my duties, and I am familiar with accept the obligation of my pasition as registered agent. Or, if this company duties are acceptable acce	
Date Date	
If signing on behalf of an entity:	
* * * FILING FEE: \$35.00 * * *	
* * * hIFIMA LED: \$22.00	

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