-de

## N20339

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
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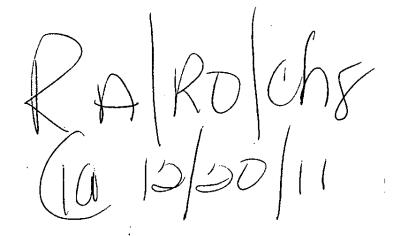


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SECRETARY OF STATE DIVISION OF CORPORATIONS



## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Hickory Hill at Huckleberry-One Homeowners Assoc.  Name of Corporation			
DOCUMENT NUMBER: N20339			
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:			
Benjamin Isip Name of Contact Person			
Name of Contact Person			
Taurana Duamantu Managamant Ing			
Towers Property Management, Inc. Firm/Company			
407 Lake Howell Road, Suite 106			
407 Lake Howell Road, Suite 106 Address			
Maitland, FL 32751 City/State and Zip Code			
City/State and Zip Code			
info@towerspropertymgmt.com			
info@towerspropertymgmt.com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Benjamin Isip at ( 407 ) 924-2528			
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  Street Address: Amendment Section Division of Corporations			
P.O. Box 6327 Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stainge is submitted for a corporation organized under the laws of the State of $\overline{Flo}$ in the State of Florer to change its registered office or registered agent, or both, in the State of Florer	orida
1. The name of t	he corporation: Hickory Hill at Huckleberry-One Homeowne	ers Assoc.
2. The principal	office address: 407 Lake Howell Road, Suite 106	
Maitland, F		
	ddress (if different): PO Box 781327  FL 32878	
4. Date of incorp	poration/qualification: 04/27/1987 Document number:	N20339
	I street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned)	he
	DON ASHER & ASSOCIATES, INC.	
	1801 COOK AVENUE	
	ORLANDO FL 32806	OW'S
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	SECRETARY OF STATEONS VISION OF CORPORATIONS 11 DEC 19 PH 12: 20
	Towers Property Management, Inc.	9 PP
	407 Lake Howell Road, Suite 106	N. S. IAT
	P.O. Box NOT acceptable  Maitland, FL 32751	10HS
The street addre as changed will	ess of its registered office and the street address of the business office of its representation.	egistered agent,
Mich	as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.  Michael Dumar  To dianothier or director  Printed or typed name and title	ficer so
I further agree to of my duties, and document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and completed and familiar with and accept the obligation of my position as registered and filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	ete performance agent. Or, if this confirm that the
Son	nature of Registered Agent Date	***************************************
If signing on be	half of an entity:	
Towers Pr	operty Management, Inc.	

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

Typed or Printed Name