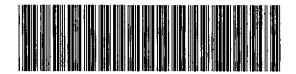
N4900003250

,74

| (Re | equestor's Name) | • | | |
|---|--------------------|-----------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | ry/State/Zip/Phone | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



800285199838

05/27/16--01025--025 **10.00

05/13/16--01027--002 **25.00

2016 MAY 26 PM 8. S

"WAY 3.1 2016

CITEMB



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 17, 2016

ATTN: GRACE KIRBY / CORPORATION SERVICE COMPANY 2711 CENTERVILLE RD SUITE 400 WILMINGTON, DE 19808 US

SUBJECT: HANCOCK CREEK SOUTH CENTER PROPERTY OWNER'S

ASSOCIATION, INC.

Ref. Number: N9900003250

We have received your document for HANCOCK CREEK SOUTH CENTER PROPERTY OWNER'S ASSOCIATION, INC. and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 916A00010358

Carolyn Lewis
Regulatory Specialist II

www.sunbiz.org



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 11, 2016

Order#: 130661/074

Re: HANCOCK CREEK SOUTH CENTER PROPERTY OWNER'S ASSOCIATION,

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

| statement of che | ange is submitted for a corporation of | 7.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of <mark>Florida</mark> registered agent, or both, in the State of Florida | | <u></u> |
|--|--|---|--------------------|----------------|
| 1. The name of | the corporation: | OUTH CENTER PROPERTY OWNER'S ASSOCIATIO | ON, INC. | |
| 2. The principal | | | <u> </u> | , |
| 3. The mailing | address (if different): | | | |
| 4. Date of incor | poration/qualification: 05/25/1999 | Document number: N99000003250 |) | |
| | d street address of the current register rtment of State: (If resigned, enter re | ered agent and registered office on file with the esigned) | | |
| | SALVATORI, WOOD, BUCKEL & | WEIDENMILLER | | U |
| | 9132 STRADA PLACE | | 2016 1 | NSIA1 |
| | NAPLES | FL 34108 | 2016 MAY 26 | ON OF C |
| 6. The name and (if changed): | | d agent (if changed) and /or registered office | 6 PM 8: | OF CORPURATION |
| | Corporation Service Company | | S U | i iii |
| | 1201 Hays Street | | | |
| | | x NOT acceptable | | |
| | Tallahassee | FL 32301 | | |
| The street addr as changed will | ess of its registered office and the s l be identical. | street address of the business office of its regist | ered age | ent, |
| Such change wauthorized by t | as authorized by resolution duly adhe board, or the corporation has been | opted by its board of directors or by an officer en notified in writing of the change. | so | |
| Stanget | we pf an officer or director | Jill Cilmi, Vice President Printed or typed name and title | | _ |
| I hereby accept I further agree performance of agent. Or, if the hereby confirm Corporation |) The appointment as registered age, to comply with the provisions of all f my duties, and I am familiar with a | nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as reg o reflect a change in the registered office addr fied in writing of this change. | gistered ess, I | |
| By: | gnature of Registered Agent | 05/09/2016 Date | | _ |
| If signing on be | ehalf of an entity: | | | |
| Grace E. Kirby | , Assistant Vice President | | | |
| | Typed or Printed Name | | | |

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