| Name and Address of Current Registered Agent: | Certificate of Status D |
|---|-------------------------|
| FEI Number: APPLIED FOR | Certificate of Status D |
| 385 DOUGLAS AVE SUITE 3350 ALTAMONTE SPRINGS, FL 32714 US | |
| Current Mailing Address: | |
| SUITE 3350 ALTAMONTE SPRINGS, FL 32714 | |

MARTELL & OZIM, P.A. 37 N ORANGE AVE SUITE 500 ORLANDO, FL 32801 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

| SIGNATURE | : MARTELL AND OZIM | | 01/29/2018 | |
|---------------------------|--|-----------------|-----------------------------------|--|
| | Electronic Signature of Registered Agent | | Date | |
| Officer/Director Detail : | | | | |
| Title | PD | Title | VPD | |
| Name | SCHIFFER, MARTHA | Name | MADISON, ALEX | |
| Address | 5337 MILLENIA LAKE BLVD., STE 410 | Address | 5337 MILLENIA LAKE BLVD., STE 410 | |
| City-State-Zip: | ORLANDO FL 32839 | City-State-Zip: | ORLANDO FL 32839 | |
| Title | SECRETARY, DEVELOPER | | | |
| Name | SUSEWITT, LEE | | | |
| Address | 5337 MILLENIA LAKE BLVD., STE 410 | | | |
| City-State-Zip: | ORLANDO FL 32839 | | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTHA SCHIFFER

PRESIDENT

01/29/2018

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N1500003663

Entity Name: HAMMOCK PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

385 DOUGLAS AVE

Desired: No

FILED Jan 29, 2018 Secretary of State CC6656337415

Date