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COVER LETTER

TO: Amenda Division	ment Section n of Corporations			
SUBJECT:Name of Corpor	THE HUNT CLUB F	TrociATION, INC.		
DOCUMENT	NUMBER: 751249			
The enclosed St	atement of Change of Registered Office/Ag	gent and fee are submitted for filing.		
Please return all	correspondence concerning this matter to t	he following:		
Name of Contact JM Firm/Company Jo Yo Address City/State and Z E-mail address	MONIQUE TOLER THE Person TACCOUNTING + ADMINIS TOWN CONTER BLVD EWOOD RANCH, A 347 Cip Code MONIQUE. INTACCE SE (to be used for future annual report no	TRATIUE MANAGEMENT, ZA	ν .	
For further info	rmation concerning this matter, please call:			
	Name of Contact Person	Area Code & Daytime Telephone No	imber	19.00 10.00 10.00
Enclosed is a \$3	35.00 check made payable to the Departmer	nt of State.	25 MH: 51	
	Mailing Address: Amendment Section	Street Address: Amendment Section	-7.	温
	Division of Corporations	Division of Corporations	:	<u>.</u>
	P.O. Box 6327	Clifton Building		•
	Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

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CR2E045 (04/13)

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: The HUNT Club AssociATION, INC.
2. The principal office address: 9040 TOWN CEMPER PKWY.
LAKEWOOD RANCH, Ft 3 4802
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/25/80 Document number: 751249
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) ONE Source Coffordayour FC
STO RAY ITLES PO, STELL (UMPROAT ICEY, FL 3YLAP I
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Joyo Town CENTER Plany. P.O. Box NOT acceptable LAKEWOOD RANCH FL 3 4202
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.
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.
11/22/19
Signature of Registered Agent Date
If signing on behalf of an entity:
Town or Printed Name

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

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