

# F14000005063

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

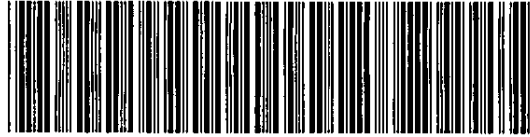
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HMCC Management Corp.

Name of Corporation

**DOCUMENT NUMBER:** F14 00000 5063

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:

Jose Hernandez

Name of Contact Person

HMCC Management Corp.

Firm/Company

7143 SR 54 #107

Address

New Port Richey, FL 34655

City/State and Zip Code

josehernandezster@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Hernandez

Name of Contact Person

at ( 843 ) 992-1068

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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FL  
SECRETARY OF STATE

**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 South Carolina in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HMCC Management Corp.  
2. The principal office address: 7143 SR 54 #107, New Port Richey, FL 34655

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/25/2014 Document number: F14 00000 5063

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)

J.B. deRosset

9085 SW 87th Avenue, Suite 201

Miami, FL 33176

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jose Hernandez

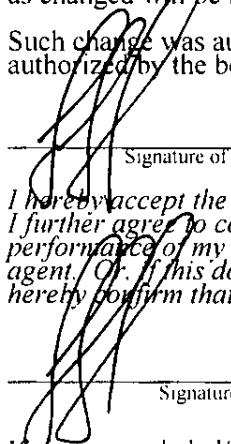
7143 SR 54 #107

P.O. Box NOT acceptable

New Port Richey, FL 34655

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.

  
\_\_\_\_\_  
Signature of an officer or director

Jose Hernandez, President

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.*

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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