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SECRETARY OF STATE

JAN 0 6 2016 C. CARROTHERS

COVER LETTER

TO:

Amendment Section Division of Corporations

The Hyman Companies, Inc. Name of Corporation

F95000005941

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:

Connie L. Cecala, Paralegal

Name of Contact Person

Norris McLaughlin & Marcus, P.A.

Firm/Company

515 W. Hamilton Street, Suite 502

Allentown, PA 18101

City/State and Zip Code

nat@hymangroup.com

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

For further information concerning this matter, please call:

Connie L. Cecala, Paralegal at 484 765-2228

Name of Contact Person

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

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

statement of cha	inge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statute organized under the laws of the State of Delawa registered agent, or both, in the State of Florida	are	-
	the corporation: The Hyman C			
2. The principal	office address: 727 N. Meado	w Street, Allentown, PA 18101		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 12/06/19	95 Document number: F9500000	5941	
	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)		
	CT Corporation System			
	1200 South Pine Island I	Road		5 0.4
	Plantation, FL 33324		海(SEC)	2015 D
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered office	CRETARY O	2015 DEC 29
	Landau Casino, Inc.		- T	PHI
		Glades Road, Suite 1154	STATE	PH 12: 48
•	Boca Raton, FL 33431	ox NOT acceptable	17.4	
The street addr	ess of its registered office and the s	street address of the business office of its regis	stered age	ent,
		dopted by its board of directors or by an office en notified in writing of the change.		
	ure of an officer or director	Nat L. Hyman		_
I hereby accept I further agree performance of agent. Or, if th	t the appointment as registered age to comply with the provisions of al f my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as re to reflect a change in the registered office add	egistered ress, I	•
Not a	gnature of Registered Agent	December 21, 2015		_
	gnature of Registered Agent chalf of an entity:	Date		
Nat L. Hyn	·			
	Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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