F9700005995

(Re	questor's Name)			
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01/07/16--01021--001 **695.00



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Hallmark Group Management, Inc.

Name of Corporation

DOCUMENT NUMBER:

F97000005995

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:

April Cliche

Name of Contact Person

Hallmark Group Management, Inc.

Firm/Company

3111 Paces Mill Rd. Ste. A-250

Address

Atlanta, GA 30339

City/State and Zip Code

acliche@hallmarkco.com

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

For further information concerning this matter, please call:

April Cliche

.770

984-2100x118

Name of Contact Person

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2016

APRIL CLICHE 3111 PACES MILL RD STE A-250 ATLANTA, GA 30339

SUBJECT: HALLMARK GROUP MANAGEMENT, INC.

Ref. Number: F97000005995

please find attached revised document.

Thank you!

We have received your document for HALLMARK GROUP MANAGEMENT, INC. and your check(s) totaling \$695.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

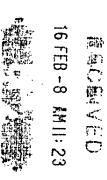
A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux Regulatory Specialist II

Letter Number: 016A00000755





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

		7.0502, 607.1508, or 617.1508, Florida Statutes, this	
		organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	_
	the corporation: Hallmark Grou		
	l office address: 4040 West Ne lle, Florida 32607	wberry Road, Suite 950B	
		o Mill Bood, Suito A 250	
	address (if different): 3111 Pace , Georgia 30339	s Will Road, Suite A-250	
4. Date of incor	poration/qualification: 11/12/19	97 Document number: F9700005995	
	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	Susan Adams		
	4040 West Newberry Roa	ad, Suite 950B	
	Gainesville, Florida 3060	7	
6. The name and (if changed):	•	d agent (if changed) and /or registered office	
	•	Bervices of Florida Lice	F Ziron
4040 West Newberry Road, Suite 950B P.O. Box NOT acceptable		in the	
	Gainesville, FL 32607		Tallands
The street address changed will	ess of its registered office and the st	treet address of the business office of its registered ag	gent, z
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an officer so	
	north WC eter-	Martin H. Petersen	
_	re of an officer or director	Printed or typed name and title	<u> </u>
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered ager to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notif	nt and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.	!
<u></u>	North WC eten	10/30/2015	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Martin H. P			
Ту	yped or Printed Name	2 TO 10 10 10 10 10 10 10 10 10 10 10 10 10	
	* * * FILING	G FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)