Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : HUNT & GROSS, P.A.

Account Number : 120010000038 Phone : (561)997-9223 Fax Number : (561)989-8996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Betsy a huntares. Com

## REGISTERED AGENT CHANGE HUNT & GROSS, P.A.

Certificate of Status	0
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OCT 26 2018

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: Hunt & Gro	oss, P.A.	
		Name of Corporation	
DOCU	UMENT NUMBER: H8	4515	

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:

BETSY COURANT				
Name of Contact Person				
HUNT & GROSS, PA				
Firm/Company				
14 SE 4TH STREET, SUITE 36				
Address				
BOCA RATON, FL 33432				
City/State and Zip Code				
betsy@huntgross.com				

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

For further information concerning this matter, please call:

**Betsy Courant** 

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 Tailahassee, FL 32301

CR3E015 (03/12)

TO:

(((H18000309427 3)))

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

statement of cha	inge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
	the corporation: Hunt & Gro	·
		treet, Suite 36, Boca Raton, FL 33432
3. The mailing a	iddress (if different):	
4. Date of incorp	poration/qualification: 11/07/1	985 Document number: H84515
<ol><li>The name and Florida Depar</li></ol>	I street address of the current regi- tment of State: (If resigned, enter	stored agent and registered office on file with the resigned)
	HCRM Corp.	AREC: AREC: AREC:
	185 NW Spanish River	
	Boca Raton, FL 33431	
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office
	HCRM Corp.	7P
	14 SE 4th Street, Suite	—
	Boca Raton, FL 33432	Box NOT acceptable
as changed will	ess of its registered office and the be identical.	e street address of the business office of its registered agent, adopted by its board of directors or by an officer so seen notified in writing of the change.
	A	Andrew M. Gross, President
•	re of an officer or director	Printed or typed name and title
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered as to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been no	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, f utified in writing of this change.
F- :	Emure of Registered Agen:	10/25/18
	half of an entity:	Onte
Andrew M.	•	
<del></del>	sped 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 CR2E045 (03/12)