J 63848

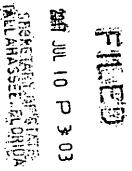
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COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: Hallmark Real Estate of Lake City, Inc. Name of Corporation J63848 DOCUMENT NUMBER: 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: Dekoven R. Adams Name of Contact Person Hallmark Real Estate of Lake City, Inc. Firm/Company 540 West Duval Street Address Lake City, FL 32055 City/State and Zip Code kobyadams@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (386) 623-7840
Area Code & Daytime Telephone Number Dekoven R. Adams 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	mge is submitted for a corporati	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, thi tion organized under the laws of the State of Florida e or registered agent, or both, in the State of Florida.	is
		Real Estate of Lake City, Inc.	
2. The principal	office address: 540 West D		
	address (if different):		
4. Date of incorp	poration/qualification: 3/26/1	987 Document number: J63848	
5. The name and Florida Depar	I street address of the current reg timent of State: (If resigned, ente	egistered agent and registered office on file with the er resigned)	
	Janet Creel - RESIGNI	IED	
	495 SW PHILLIPS CR	R. LAKE CITY, FL 32024	
	Hallmark Real Estate of	of Lake City, Inc.	
6. The name and (if changed):		tered agent (if changed) and /or registered office	
	Dekoven R. Adams		· 1
	117 SW Fieldstone Co	ourt The D	1
	Lake City, FL 32024	D. Box NOT acceptable	r .
The street addre as changed will	ss of its registered office and th be identical.	he street address of the business office of its registered	agent,
		adopted by its board of directors or by an officer so been notified in writing of the change.	
11	e of an officer or director	Dekoven R. Adams-President	
I hereby accept to further agree to find the further agree of the function of the further of the	the appointment as registered a comply with the provisions of my duties, and I am familiar with some of the comment is being filed merely that the corporation has been no	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registere by to reflect a change in the registered office address, I sotified in writing of this change.	ed
	no	7-7-2017	
	attre of Registered Agent	Date	
f signing on beh	an or an entity:		
Туг	ped 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 * * *