## J69533

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## **COVER LETTER**

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:  Mark Hutton  Name of Contact Person Hutton Enterprises, Inc  Firm/Company 5644 Bay Side Dr  Address  Orlando, Fl 32819  City/State and Zip Code  MarkHutton@aol.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Mark Hutton  Name of Contact Person  Name of Contact Person  The G89-3896  Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Street Address:	TO: Amendment Section Division of Corporations		
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Enclosed is a \$35.00 check made payable to the Department of State.	Mark Hutton	689-3896	
	Name of Contact Person	Area Code & Daytime Telephone Number	
Mailing Address:  Street Address:	Enclosed is a \$35.00 check made payable to the D	Department of State.	
	Mailing Address:		
		Amendment Section	
P.O. Box 6327 The Centre of Tallahassee	·	Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Hutton Enterprise	es. Inc	
	office address: 7009 Dr. Phillips I	Blvd, Suite 270 Orlando, FL 32819	
3. The mailing a	ddress (if different):	SIDE DR ORLANDO, FL 32819	
		Document number:	
	street address of the current reg tment of State: (If resigned, ente Bradley M Hutton	gistered agent and registered office on file with the er resigned)	
	5644 BAYSIDE DR ORLANDO	), FL 32819	
6. The name and (if changed):	street address of the new register	ered agent (if changed) and /or registered office	
	5644 BAYSIDE DR ORLANDO	0,FL 32819	, ) ) 
		P.O. Box NOT acceptable	, , , , , , , , , , , , , , , , , , ,
The street addre	ess of its registered office and the identical.	he street address of the business office of its registered	क्षुent. म
Such change wa authorized by th	is authorized by resolution duly ne boarg or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	δ
	ALL.	Mark H Hutton, President	
	e On Affect or director	Printed or typed name and title	
I further agree i of my duties, an document is bei	to comply with the provisions of	agent and agree to act in this capacity. f all statutes relative to the proper and complete perfor t the obligation of my position as registered agent. Or nge in the registered office address, I hereby confirm th change.	mance if this nat the
	Letty Do	9/28/2020	
·	nature of Registered Agent	Date	
ii signing on be	half of an entity:		
T	yped or Printed Name	<u> </u>	

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