## K02820

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	ry/State/Zip/Phone	e #)
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(Do	ocument Number)	
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## **COVER LETTER**

COVER DE LICE
TO: Amendment Section Division of Corporations
SUBJECT: LAKE HARNEY HUNT Club, INC  Name of Corporation
DOCUMENT NUMBER: KO2820
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:
SHAWN CAPMAN Name of Confact Person
LAKE HARNEY HUNT Club, INC.
1750 S. Spring GARDEN Ave.

SCAPMAN 71 P GOTAIL . Com

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

DELAND U. 32720 City/State and Zip Code

For further information concerning this matter, please call:

S44WN CAOMAN at (386) 804-2244

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
statement of change is submitted for a corporation organized under the laws of the State of <u>Florida</u>	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: LAKE HARNEY HUST Club, INC. 2. The principal office address: 1750 S. SPRING GARDEN AUR., DELAND, FL.	<u>_</u>
2. The principal office address: 1750 S. SPCING GARDEN AUR., DELAND, FL.	
32798	
3. The mailing address (if different):	
4. Date of incorporation/qualification: NOV. 17, 1987 Document number: K02820	_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
FRED H. KAISER	
1590 S. WOODLAND Blud.	
DELAND, FL. 32720	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	٠٠:
SHAWN CAPMAN	
SHAWN CAPMAN  1750 S. Spring GARden Ave. 79  P.O. Box NOT acceptable	0 (2)
DELAND, FL. 32720	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Signature of autoricer or director FRED H. KAISER, PST.  Printed or typed name and title	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Signature of Registered Agent 3/11/16	
If signing on behalf of an entity:	
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 \* \* \*