

NO10000003427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

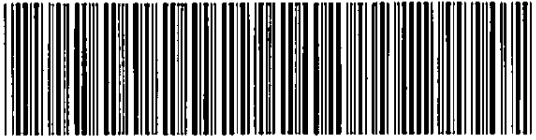
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUN - 2 2023

Office Use Only



100404080631

03/10/23--01013--024 **35.00

2023 MAR 10 PM 12:42
SECRETARY OF
TALLAHASSEE
D
00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HAMPTON WOODS OWNERS' ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N01000003427

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:

ROBERT C. CHILTON, ESQ.
Name of Contact Person

BOSWELL & DUNLAP LLP
Firm/Company

245 SOUTH CENTRAL AVENUE
Address

BARTOW, FL 33830
City/State and Zip Code

E-mail address: (to be used for future annual report notification) ROBERT@BOSDUN.COM

For further information concerning this matter, please call:

ROBERT C. CHILTON at (863) 533-7117
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: HAMPTON WOODS OWNERS' ASSOCIATION, INC.
- 2. The principal office address: 5728 HAMPTON WOODS BLVD., SEBRING, FL 33872
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 05/16/2001 Document number: N01000003427
- 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)

JOHN K. MCCLURE
211 SOUTH RIDGEWOOD DRIVE
SEBRING, FL 33870


- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROBERT C. CHILTON, ESQ.
245 SOUTH CENTRAL AVENUE
P.O. Box NOT acceptable
BARTOW, FL 33830

SECRETARY OF STATE
 TALLAHASSEE, FL
 2023 MAR 10 PM 12:45
 2023

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.

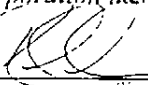
X 

 Signature of an officer or director

ROB THOMAS, VICE PRESIDENT

 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

March 6, 2023

 Date

If signing on behalf of an entity:

 Typed or Printed Name

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