

NO1587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

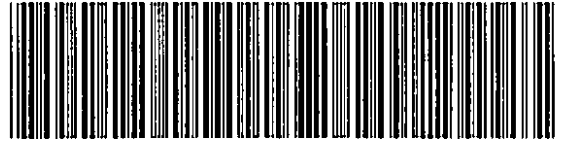
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900344247309

05/11/20--01015--006 **35.00

2020 MAY 11 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FL 323

FILED

OM
6/1/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HIDDEN SPRINGS CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N01587

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:

Angelia L. Gordon
Name of Contact Person
All About Management, Inc.
Firm/Company
2500 W. Lake Mary Blvd., Ste.208
Address
Lake Mary, FL 32746
City/State and Zip Code

Angelia@allaboutmgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelia L. Gordon at (407) 688-7405
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: HIDDEN SPRINGS CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 2500 W. Lake Mary Blvd Suite 208 Lake Mary, FL 32746
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/22/1984 Document number: N01587
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)

ALL ABOUT MANAGEMENT, INC

2500 W. Lake Mary Blvd Suite 208 Lake Mary, FL 32746

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

Larsen & Associates, P.L.

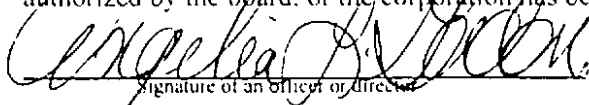
5323 Millenia Lakes Boulevard - Suite 300

P.O. Box NOT acceptable

Orlando, FL 32839

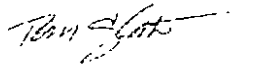
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 an officer or director

ANGELIA L. GORDON
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

5/5/2020

Date

If signing on behalf of an entity:

Thomas R. Slaten, Jr.

Typed 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 (04/13)

FILED
2020 MAY 11 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FL