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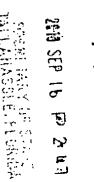
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COVER LETTER

Division of Corporations				
SUBJECT: HAMMOCK BAY OWNERS ASSO				
Name of Corpo	pration			
DOCUMENT NUMBER: N0300003823				
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the	the following:			
Steve Adamczyk				
Name of Contact	Person			
Goede, Adamczyk, DeBoest	t & Cross, PLLC			
Firm/Compa	nny			
6609 Willow Park Drive Second Floor				
Address	<u> </u>			
Naples FL 34109				
City/State and Zi	p Code			
sadamczyk@gadclaw.o	com			
E-mail address: (to be used for future	e annual report notification)			
For further information concerning this matter, please call:				
Steve Adamczyk / Candi Steadman	239 331-5100			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Departmen				
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			

TO:

Amendment Section

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

statement of cha	ange is submitted for a corporation organ	• • • • • • • • • • • • • • • • • • • •	_
		ered agent, or both, in the State of Florida.	
	the corporation: HAMMOCK BAY OV		
2. The principal	office address: c/o Goede, Adamcz	yk, DeBoest & Cross, PLLC	
6609 Will	ow Park Drive, Second Floor, Nap	oles, Florida 34109	
3. The mailing a	address (if different):		· -
4. Date of incor	poration/qualification: 04/29/2003	Document number: N03000003823	
	d street address of the current registered a rtment of State: (If resigned, enter resigned	gent and registered office on file with the ed)	
	Kraus, Cheryl		
	1072 Goodlette Rd		
	Naples, FL 34102		•
6. The name and (if changed):	d street address of the new registered ages		-
	6609 Willow Park Drive, Sec		j
	P.O. Box NOT	acceptable	
	Naples, Florida 34109		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered age	nt,
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
Lian	A Spancio	Frank Sparido, President	_
I hereby accept I further agree performance of	re of the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to refly that the corporation has been notified in	Printed or typed name and title d agree to act in this capacity. utes relative to the proper and complete iccept the obligation of my position as registered ect a change in the registered office address, I n writing of this change.	
Alu !	mature of Registered Agont	9/11/2019	_
If signing on be	chalf of an entity:		
Steve Adar	mczyk		
Ŧ	yped or Printed Name		
	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)