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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 700557 8461475 AUTHORIZATION : COST LIMIT : \$ 35.0 ORDER DATE: October 15, 2024 ORDER TIME : 1:53 PM ORDER NO. : 700557-044 CUSTOMER NO: 8461475 CHANGE OF AGENT NAME: THE HAMMOCKS AT MARATHON CONDOMINIUM ASSOCIATION, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

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

statement of cha	nge is submitted for a corporat	2, 617,0502, 607,1508, or 617,1508, Florida S tion organized under the laws of the State of $\frac{1}{2}$	=	
		ϵ or registered agent, or both, in the State of F		
1. The name of t	he corporation: THE HAMMOC	CKS AT MARATHON CONDOMINIUM ASSO	CIATION, INC.	
	office address:Highway Marathon, FL 33050)		
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification: 04/26/20	Document number: N040000	04209	
	I street address of the current re tment of State: (If resigned, en	egistered agent and registered office on file wit ter resigned)	h the	
	CORPORATE CREATIONS	NETWORK, INC.		
	801 US HIGHWAY 1			
	NORTH PALM BEACH, FL	33408		
6. The name and (if changed):	street address of the new regis	stered agent (if changed) and /or registered off	ice	
	Corporation Service Compar	ny		
	1201 Hays Street			
		PO Box NOI acceptable		
	Tallahassee	FL 32301		
The street addre	ess of its registered office and be identical.	the street address of the business office of its	registered agent,	
Such change wa authorized by th	as authorized by resolution dul ne board, or the corporation ha	ly adopted by its board of directors or by an os been notified in writing of the change.	officer so	
/s/Cynthia T		Cynthia Taylor	Secretary	
I hereby accept I further agree to of my duties, an dociument is heis corporation has Corporation	the appointment as registered to comply with the provisions of an atlanta and accepted merely to reflect a characteristics of the provisions of the provisions of the provisions of the provision	Printed or typed name and fit agent and agree to act in this capacity, of all statutes relative to the proper and compit the obligation of my position as registered ange in the registered office address, I hereby is change. 09/27/2024		
By: <u>Unar</u> Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	Asst. Vice President sped or Printed Name	<u> </u>		
	* * * [7]	LING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314
CR2E045 (04/13)
700557-44