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SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA in the State of Florida.	
1. The name of t	the corporation: HAMILTON PLACE HOMEOWNERS ASSOCIATION OF WINTER PARK, INC.	
2. The principal	office address: 2180 WEST SR 434 STE 5000	
	LONGWOOD FL 32779-5044	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 08/19/2004 Document number: N0400008141	_
	I street address of the current registered agent and registered office on file with the timent of State:	
	JEFFREY M. KOLLUN, ESQ.	
	557 N WYMORE ROAD STE 100	
	MAITLAND FL 32751	
6. The name and (if changed):	MAITLAND FL 32751 I street address of the new registered agent (if changed) and /or registered office JAMES W HART JR C/O SENTRY MANAGEMENT, INC./ 2180 WEST SR 434 STE 5000	アンドラ
	JAMES W HART JR	5
	C/O SENTRY MANAGEMENT, INC./ 2180 WEST SR 434 STE 5000	200
	(P.O. Box NOT acceptable) LONGWOOD FL 32779-5044	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.	
1 Signatur	GROGURY C. MILLER (Printed or typed name and title)	
I hereby accept I further agree to of my duties, an document is bei- corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.	
A	gnature of Registered Agent) 2-1-09 (Date)	1
If signing on be	half of an entity:	
JAMES W H		
{1	'yped or Printed Name) * * * FILLING FFF • \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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