

1706000000 1034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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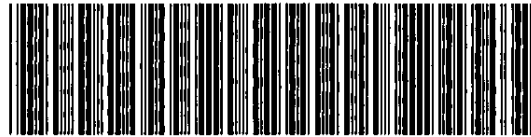
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. LEMIEUX

APR 07 2017

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Heritage Key Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N06000001034

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:

Barbara J. Leach, Esq.

Name of Contact Person

Barbara Leach Law, PL

Firm/Company

1516 E. Hillcrest Street, Suite 309

Address

Orlando, Florida 32803

City/State and Zip Code

barbara@bleachlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara J. Leach, Esq.

Name of Contact Person

at (407) 672-1252

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: Heritage Key Association, Inc.
2. The principal office address: 2089 Heritage Key Blvd., Kissimmee, Florida 34744
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/31/06 Document number: N06000001034

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)

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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

Barbara J. Leach, Esq.
1516 E. Hillcrest Street, Suite 309
Orlando, FL 32803

P.O. Box NOT acceptable

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

Dan Hibma, DP

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

3-30-17
Date

If signing on behalf of an entity:

Barbara J. Leach
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 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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