| (Requestor's Name) | |
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| (Address) | |
| (Address) | |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

RARDICH'S 002/19/13

COVER LETTER

TO: Amendment Section Division of Corporations

Preserve at Black Hammock Homeowners Association, Inc.

Name of Corporation

N06000003075

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:

Anne M. Smith, LCAM

Name of Contact Person

Pinnacle Property Management, LLC

Firm/Company

1511 East SR 434, Suite 3001

Winter Springs, FL 32708

City/State and Zip Code

asmith@ppmorlando.com

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

For further information concerning this matter, please call:

Anne M. Smith

at (407) 977-0031 ext 301 Area Code & Daytime Telephone Number

Name of Contact Person

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

| statement of change is sub | mitted for a corporation orga | 502, 607.1508, or 617.1508, Florida Statu unized under the laws of the State of <mark>Floric</mark> stered agent, or both, in the State of Floric | da |
|--|---|---|------------------------------|
| _ | | k Hammock Homeowners Ass | |
| | *** | 4, Suite 3001, Winter Springs, | |
| 3. The mailing address (if | different): same as abov | /e | |
| 4. Date of incorporation/q | ualification: <u>03/17/2006</u> | Document number: N0600000 | 03075 |
| 5. The name and street add Florida Department of S | dress of the current registered state: (If resigned, enter resign | agent and registered office on file with th | |
| Hart, J | ames W Jr./Sentry Ma | anagement, Inc. | |
| 2180 V | Vest SR 434, Suite 50 | 000 | |
| Longw | ood, FL 32779-5044 | | |
| 6. The name and street add (if changed): | ress of the new registered age | ent (if changed) and /or registered office | SECRETARY DIVISION OF CO. |
| Pinnac | le Property Managem | nent, LLC | |
| 1511 E | ast SR 434, Suite 30 | | P STAN |
| Winter | Springs, FL 32708 | T acceptable | PH 1: 09 |
| The street address of its reas changed will be identic | egistered office and the street | t address of the business office of its reg | istered agent, |
| Such change was authorized by the board, of | | d by its board of directors or by an office | |
| Signature of an office | or director | Kevin Wydra, President | |
| - | | nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as r lect a change in the registered office add in writing of this change. | , egistered iress, I |
| Am/n.h- | | 1/3//13 | |
| Signature of Regi | - | Date | *** |
| n aighing on behan of an | anny. | | |
| Typed or Printed | 1 Name | | |

* * * FILING FEE: \$35.00 * * *