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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

rmei l	Address:			
	AUULUSS.			

REGISTERED AGENT CHANGE

HEMINGWAY LANDINGS CONDOMINIUM ASSOCIATION, INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

TO: Amend Division	ment Section n of Corporations	
SUBJECT:	Hemingway Lands Con	dominium Association, Inc.
	Name	of Corporation
DOCUMENT!	NUMBER:	N09000010155
The enclosed Sta	atement of Change of Registered	Office/Agent and fee are submitted for filing.
	correspondence concerning this r	-
	Nava	of Contact Person
	Name C	a Contact Person
	CT Co	rporation System
	Fir	m/Company
	1203 Governor	s Square Blvd., Suite 101
		Addross
		and the second
		assee, FL 32301 ite and Zip Code
	·	·
		fblockservices.com for future annual report notification)
	E-main address. (to be used t	or future atmazi report nonnezhon)
For further inform	nation concerning this matter, ple	Sse call:
	Jon Block	76. LAZA
N	ame of Contact Person	at () Soft-add-o-224 Area Code & Daytime Telephone Number
		, <u> </u>
Enclosed is a \$35	i.00 check made payable to the De	spartment of State.
	Muiling Address: Amendment Section	Street Address: Amendment Section
	Division of Corporation P.O. Box 6327	s Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

CR213045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE DR REGISTERED AGENT OR BOTTLE FOR CORPORATIONS

1. The nan	me of the corporation: Hemingway Landings Condominium Association, Inc.	
	ncipal office address: 315 SE Mizner Blvd, Suite 211, Boca raton, FL 33432	· · · · · · · · · · · · · · · · · · ·
3. The mai	iling address (if different):	
4. Date of	incorporation/qualification: 10/14/2009 Document number:	N09000010155
	ne and street address of the current registered agent and registered office on file wit Department of State: (If resigned, enter resigned)	h the
	Stephen V Hoffman	_
	1500 N. Federal Highway, Suite 200	
	Fort Lauderdale, FL 33304	•
	,	•
6. The nam (if chang	ne and street address of the new registered agent (if changed) and for registered officed):	ce -
/ · · · · · · · · · · · · · · · · · · ·	C T Corporation System	0
		· 52
	c/o C T Composition System, 1200 South Pine Island Road	
	c/o C T Corporation System, 1200 South Pine Island Road P.O. Box NOT acceptable	. 49
		PH
The street	P.O. Box NOT acceptable Plantation, Florida 33324	s registered agent,
-	P.O. Box NOT acceptable Plantation. Florida 33324 address of its registered office and the street address of the business office of its will be identical.	
-	P.O. Box NOT acceptable Plantation, Florida 33324	s registered agent,
Such chang authorized	P.O. Box NOT acceptable Plantation. Florida 33324 address of its registered office and the street address of the business office of its will be identical. The was authorized by resolution duly adopted by its board of directors or by an by the board, or the corporation has been notified in writing of the change.	officer so
Such chang nuthorized	Plantation. Florida 33324 address of its registered office and the street address of the business office of its will be identical. The was authorized by resolution duly adopted by its board of directors or by an by the board, or the corporation has been notified in writing of the change. Private Technology Printed or typed name and the	officer so Pr-s. Rui
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Such chang outhorized	Plantation. Florida 33324 address of its registered office and the street address of the business office of its dwill be identical. The way authorized by resolution duly adopted by its board of directors or by an by the board, or the corporation has been notified in writing of the change. Private Tax afficer of director Printed or typed name and the accept the appointment as registered agent and agree to act in this capacity, gree to comply with the provisions of all statutes relative to the proper and comes, and I am familiar with and accept the obligation of my position as registered is being filed mercly to reflect a change in the registered office address, I hereby thus heen notified in writing of this change.	officer so Pr-5. Lil plete performance lagent. Or, if this y confirm that the

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E(45) (8/05)