N09133

(Re	questor's Name)			
(Ad	dress)			
. (Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to				

Special Instructions to Filing Officer:
VICHORIA DIAZ
Advised to make
Correction in the
NEW RA Mame. a

RARD Chs Only



100080299271

10/04/06--01022--005 **35.00

OR OCT -4 PM 2: 04

COVER LETTER

Amendment Section

Division of Corporations				
SUBJECT: Hollowfrech domeowners assertion, Inc. (Name of Corporation)				
DOCUMENT NUMBER: NCAI33				
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:				
Fendinandsen Ent	ESSON) EXPYISES, DAA TOOS ESSON ESSO			
Address)				
Orlando FL 328010 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at ((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

statement of change	is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida \cdot organized under the laws of the State of $_{-}$ registered agent, or both, in the State of F	Flericle
1. The name of the c	corporation: Nollowkruch	de glomaceurons asservat	in , one.
2. The principal office	ce address: <u>884 S.O</u> r	scocka Overnuo	
	Orlando,	FL 38806	
3. The mailing addre	ess (if different):		<u> </u>
			011.05
4. Date of incorporat	tion/qualification: <u>0510711</u> 9	85 Document number: 109	133 6
5. The name and stre Florida Departmen		ered agent and registered office on file wi	th the
<u> 1</u>	ntional aproxiation	in ghamagement Co.	- 3
	165 90 SR	424	_
	Quintos Springs	, FL 32708	_
6. The name and stre (if changed):		d agent (if changed) and /or registered of	fice DOSTE O9/05/06
_	3884 S. Co	xoda avenus	_
_	Orlando, I		_
The street address of as changed will be it	of its registered office and the identical.	street address of the business office of i	ts registered agent,
Such change was at authorized by the bo	uthorized by resolution duly a oard, or the corporation has be	dopted by its board of directors or by ar een notified in writing of the change.	n officer so
RuMi		Rosa M. Figues	roa
(Signature of	an officer or director)	(Printed or typed name and	
I hereby accept the I further agree to co of my duties, and I document is being for corporation has been	appointment as registered ag omply with the provisions of a am familiar with and accept th filed merely to reflect a chang en norfied in writing of this c	ent and agree to act in this capacity. Il statutes relative to the proper and co he obligation of my position as register e in the registered office address, I here hange.	mplete performance ed agent. Or, if this by confirm that the
(Sui	dry	9-18-06	,
	re of Registered Agent)	(Date)	
If signing on behalf	Diaz		
(Typed	or Printed Name)		

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

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