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ACCOUNT NO. : I2000000195		
REFERENCE : 951360 7481352		
AUTHORIZATION : Spelle man		
COST LIMIT : \$ 35.00		
ORDER DATE: October 19, 2011		
ORDER TIME : 10:04 AM		
ORDER NO. : 951360-010		
CUSTOMER NO: 7481352		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
CHANGE OF AGENT		
NAME: HAMMOCK DUNES CARES, INC.		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY		
CONTACT PERSON: Becky Peirce EXT# 2919		

EXAMINER:

## 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 ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1 The name of	the corporation: HAMMOCK DUNES CARES, INC.
2. The principal	office address: 30 Avenue Royale, Palm Coast, FL 32137
3. The mailing a	address (if different): 30 Avenue Royale, Palm Coast, FL 32137
4. Date of incorp	poration/qualification: 03/08/2010 Document number: N10000002409
	d street address of the current registered agent and registered office on file with the rtment of State:
	Marc Ray
	30 Avenue Royale
	30 Avenue Royale  Palm Coast FL 32137  d street address of the new registered agent (if changed) and /or registered office.
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, l be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signatu	HARRY GUDENBERG PRESIDE NT (Printed or typed name and type)
I hereby accept I further agree to of my duties, an document is bei corporation has	t 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 and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change. on Service Company
By: S	gnature of Registered Agent)  NOVEMBER 8, 2011  (Date)
O	chalf of an entity:
	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 * * *