

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722 Phone : (888)491-1120 Fax Number : (954)343-6962

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

Email Address:

cestrada@taylormorrison.com

# REGISTERED AGENT CHANGE THE OVERLOOK AT HAMLIN HOMEOWNERS ASSOCIATION, INC.

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#### **COVER LETTER**

TO:

Amendment Section Division of Corporations

THE OVERLOOK AT HAMLIN HOMEOWNERS ASSOCIATION, INC.

SUBJECT

Name of Corporation

N13000003629

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:

### ELLEN GILMORE, ESQUIRE

Name of Contact Person

#### GREENSPOON MARDER

Firm/Company

200 E. BROWARD BOULEVARD, SUITE 1800

Address

#### FORT LAUDERDALE, FLORIDA 33301

City/State and Zip Code

## CESTRADA@TAYLORMORRISON.COM

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

For further information concerning this matter, please call:

EN GILMORE

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

Tallahassec, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CURPORATIONS

statement of chi	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this mge is submitted for a corporation organized under the lows of the State of <mark>Florida</mark> or to change its registered office or registered agent, or both, in the State of Florida.	
( The name of (	the corporation: THE OVERLOOK AT HAMLIN HOMEOWNERS ASSOCIATION, I	NC.
2. The principal	office address; 2600 LAKE LUCIEN DRIVE, SUITE 350, MAITLAND, FLORIDA 32	751
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: APRIL 15, 2013 Document number: N13000003629	
	d street address of the current registered agent and registered office on file with the riment of State: (If resigned, enter resigned)	,
	NRAI SERVICES, INC.	
	2731 E. PARK DRIVE, SUITE 4	
	WESTON, FLORIDA 33331	<u>برنج</u> آ
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	いたない
	1200 SOUTH PINE ISLAND ROAD	*** -**-
	PLANTATION, FLORIDA 33324	- 55 55 545
	PO Box NOT exceptable	(
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa	is authorized by:resultition duly adopted by its board of directors or by an officer so be beard, or the complication has been notified in writing of the change.	
- WW	SHELLEY S. KAERCHER, PRESIDENT	
. •	the appointment as registered agent and agree to act in this capacity, to complete or consider with the provisions of all sometes relative to the project and complete my thitis, and I am familiar with and accept the obligation of an pastiton as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
A Sta	hu MAY 9, 2016	
	muse of Registered Agent half of an entity:	
KRahm	Asst Secretary to NRAI	
1 y	ped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)