## N1300000 5863

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SECRETARY OF STATE
FALL AHASSEE, FLORIDA

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## COVER LETTER

SUBJECT:_	HICKORY HAMMOCK AT JOHNS LAKE COMMUNITY ASSOCIATION, INC.  Name of Corporation
DOCUMEN	T NUMBER: N13000005863
	Statement of Change of Registered Office/Agent and fee are submitted for filing
	all correspondence concerning this matter to the following:
	Patryk Ozim, Esq.
	Name of Contact Person
	MARTELL & OZIM, P.A.
	Firm/Company
	213 S. Dillard St., Ste 210
	Address
	Winter Garden, FL 34787
	City/State and Zip Code
	pozim@martellandozim.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
Patryk	Ozim, Esq. 407 377-0890
<i></i>	Ozim, Esq. at 407 377-0890  Name of Contact Person Area Code & Daytime Telephone

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 cl.	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of FLORIDA	
	der to change its registered office or registered agent, or both, in the State of Florida.  HICKORY HAMMOCK AT JOHNS LAKE COMMUNITY ASSOCIATION IN	
	of the corporation: HICKORY HAMMOCK AT JOHNS LAKE COMMUNITY ASSOCIATION, In all office address: 213 S. Dillard Street, Suite 210, Winter Garden, FL 34787	
Z. The principa	at office address: 2 10 0. Dillard officet, Odite 2 10, Writter Garden, re 34787	
3. The mailing	address (if different): Same	
4. Date of incor	proporation/qualification: 06/25/2013 Document number: N13000005863	
5. The name an Florida Depa	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Resigned	
	TALL SECTION OF THE S	
	ORE TART AHASSE	ኒን
<ol><li>The name and (if changed):</li></ol>	of street address of the new registered upont (if already) and (in the street and in	T
	Martell & Ozim, P.A.	3
	213 S. Dillard Street, Suite 210	
	P.O. Box NOT acceptable	
	Winter Garden, FL 34787	
The street addre	ess of its registered office and the street address of the business office of its registered agent, I 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.	
كر أ	Antonio Renta	
I	te of an officer or director Printed or typed name and title	
hereby accept further agree to performance of agent. Or, if the areby confirm	he 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 my duties, and I am familiar with and accept the obligation of my position as registered to adjournment 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.	
Sig	Tue of Rep steed Agent	
f signing on bel	half of an entity:	
PATRK OZI	IM, Esquire	
Туј	yped or Printed Name	

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