N15092

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
·	ŕ	
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Amendment Section Division of Corporations

TO:

ave ve central Hamilton Place Condominium Ace	enciation of Tampa Inc			
SUBJECT: Hamilton Place Condominium Association of Tampa, Inc. Name of Corporation				
DOCUMENT NUMBER: N1	5692			
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
Brad van Rooyen Name of Contact Person				
Tyune of Contact Ferson				
· Home Encounter, LLC				
Firm/Company				
1004 5 0 1				
1001 E. Columbus Dr Address				
Tampa, FL,	33605			
City/State and Zip Code				
brad@homeencounter.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Brad van Rooyen	at (813) 600-5090 ext 106			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address:	Street Address:			
Amendment Section Division of Corporations	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

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 S nge is submitted for a corporation organized under the laws of the State of <u>F</u> r to change its registered office or registered agent, or both, in the State of Fi	Florida
	he corporation: Hamilton Place Condominium Association office address: 1207 N. Himes Ave, Ste 3, Tampa, FL, 33607	of Tampa, Inc.
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 07/02/1986 Document number:	N15692
	street address of the current registered agent and registered office on file wittment of State: (If resigned, enter resigned)	h the
	Unique Property Services Inc.	_
	1207 N. Himes Ave, Ste 3	_
	Tampa, FL, 33607	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi	EINISION OF CO
	Home Encounter, LLC	
	1001 E. Columbus Dr P.O. Box NOT acceptable	PH 2
	Tampa, FL, 33605	3
-	ess of its registered office and the street address of the business office of its be identical.	
Signatur	as authorized by resolution duly adopted by its board of directors or by an ne board, or the corporation has been notified in writing of the change. Elodie Guez Frinted or typed name and tit	President
I hereby accept I further agree to of my duties, an document is bei corporation has	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 comply with the proper and comply with the proper and complete and familiar with and accept the obligation of my position as registered as filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	plete performance l agent. Or, if this y confirm that the
	06/06/2011	
	half of an entity:	
_	rad van Rooyen	
	yped 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 * * *