

8/17/22, 4:32 PM

Division of Corporations

Florida Department of State  
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From:  
 Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (954)208-0845  
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**REGISTERED AGENT CHANGE  
 HANOVER SQUARE COMMUNITY ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	1
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A. BUTLER

AUG 19 2022

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HANOVER SQUARE COMMUNITY ASSOCIATION, INC.

2. The principal office address: c/o Artemis Lifestyle Services, Inc 1631 E. Vine Street, Suite 300 Kissimmee, FL 34744

3. The mailing address (if different):

4. Date of incorporation/qualification: 12/14/2017 Document number: N17000012393

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enterresigned) Artemis Lifestyle Services, Inc 1631 E. Vine Street, Suite 300 Kissimmee, FL 34744

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): C T Corporation System 1200 South Pine Island Road P.O. Box NOT acceptable Plantation, Florida 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director Terrie Bates, Authorized Person Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System Signature of Registered Agent 07/07/2022 Date

If signing on behalf of an entity: Terrie Bates, Assistant Secretary Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)