

N17S58

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

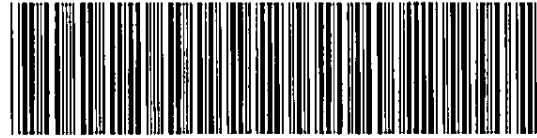
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/20/17--01025--027 **35.00

OFFICE OF THE
CLERK OF THE
COURT
STATE OF
NEW YORK
JUDICIAL
DEPARTMENT
CLERK OF THE
COURT
JULY 20 2017

Ra Chang



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 18, 2017

Order#: 750938/015

Re: HURRICANE HOUSE CONDOMINIUM ASSOCIATION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn: Ami Casper
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATE
REGISTRATION
DIVISION

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 Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

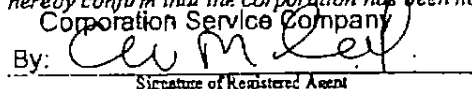
1. The name of the corporation: HURRICANE HOUSE CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 2938 West Gulf Drive, Sanibel, FL 33957
3. The mailing address (if different): 1509 Periwinkle Way, Sanibel, FL 33957
4. Date of incorporation/qualification: 11/19/1986 Document number: N17858
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)
Hilton Grand Vacations Management, LLC
6355 Metrowest Boulevard, Suite 180
Orlando, FL 32835
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Corporation Service Company
1201 Hays Street
Tallahassee P.O. Box NOT acceptable FL 32301

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 of director Printed or typed name and title
John H. Klemmer, President

I hereby accept the appointment as registered agent and agree to act in this capacity,
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.

Corporation Service Company
By:  _____
Signature of Registered Agent Date
10/18/2017

If signing on behalf of an entity:

Ami M. Casper, Asst. Vice President
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 (03/12)