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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL (INC

Account Number : 110432003053

Phone

: (561)694-8107

Pax Number

: (561)694-1639

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

88

## REGISTERED AGENT CHANGE OLD HICKORY COMMUNITY ASSOCIATION, INC.

na na managan na mangan na akada da Managan na akada da Managan na managan na managan na managan na managan na	y Parking Land St. Till St. William Co. Co.
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

AUG 03 2020

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

statement of cha	provisions of sections 607.0502, 617.0502 unge is submitted for a corporation organi	zed under the la	ws of the State of Florida	
	r to change its registered office or registe	_		•
1. The name of t	the corporation: OLD HICKORY COMMU	JNITY ASSOCIA	TION, INC.	
2. The principal	office address: 6750 FORUM DR STE 310	), ORLANDO, F	1. 32821	
-	ddress (if different):			
4. Date of incorp	poration/qualification: 02/14/2020	Document	number: N20000001817	
	I street address of the current registered ag tment of State: (If resigned, enter resigned	_	d office on file with the	3
	CT CORPORATION SYSTEM			7_7.5
	1200 S. PINE ISLAND DR			· PM 2:
	PLANTATION, FL 33324			
6. The name and (if changed):	street address of the new registered agen	t (if changed) an	d/or registered office	
	Corporate Creations Network Inc.			
	801 US Highway I			
	P.O. Box North Palm Beach, FL 33408	NOT acceptable		
The street addre	ss of its registered office and the street a be identical.	ddress of the bu	 siness office of its regist 	tered agent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been noti	by its board of different field in writing of	lirectors or by an officer if the change.	so
	(90).	Danielle Gossm	 an, Attomey-in-Fact	
Signatun	e of an odicer of director	Print	d or typed name and title	<del></del>
l further agree to of my duties, and document is bein	the appointment as registered agent and ocomply with the provisions of all statuted in familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	agree to act in the second relative to the sation of my post registered office	his capacity. e proper and complete p uion as registered agent address, I hereby confi	erformance . Or, if this irm that the
		07/31/2020		
_	aturdo [Registered Agent		Date	
If signing on beh	•			
	n. Special Secretary			
Ту	ped or Printed Name			
	* * * FILING FEE	I: \$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)