Naccoollide

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE SEP 1 6 2025			

Office Use Only



200457648322

2025 SEP 15 AH 9: 12

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(B):::



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

If there are any issues please contact Cheyanne at 850-202-1882

Date:C)9/15/2025 	
Name:	Delijah Showers	
Reference #:_	2873781	
		3 HOMEOWNERS ASSOCIATION, INC.
☐ Articles	s of Incorporation/Authorization to	o Transact Business
Amend	ment	
✓ Change	e of Agent	
Reinsta	atement	
☐ Conver	rsion	
☐ Merger		
☐ Dissolu	ution/Withdrawal	
☐ Fictitiou	us Name	
Other_		
Authorized An	nount: \$35	
Signature: $\mathcal D$	elizah Showers	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:09/1	15/2025	
	elijah Showers	_
Reference #:	2873781	
		ND 3 HOMEOWNERS ASSOCIATION, INC.
Articles of	Incorporation/Authorizatio	n to Transact Business
Amendmer	nt	
Change of	Agent	
Reinstaten	nent	
Conversion	1	
	•	
☐ Dissolution	/Withdrawal	
☐ Fictitious N	lame	
Other		
Authorized Amour	nt: \$35	
Signature: Dela	rah Showers	

F: +852.2682.9790

Docusign Envelope ID: E5C8C70D-71B8-4530-B0B8-37B78C4F7C5F

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

in order to change its registered office or i	registered agent, or both, in the State of Flo	rida.	
1. The name of the corporation: HAMPTON WEST	PHASES 2 AND 3 HOMEOWNERS ASSO	OCIATION, INC	
2. The principal office address:			
3. The mailing address (if different):	No Change		
4. Date of incorporation/qualification:10/01/		000011166	
5. The name and street address of the current registr Florida Department of State: (If resigned, enter re		the	
CT CORPC	PRATION SYSTEM		
1200 SOUTH	PINE ISLAND ROAD		
PLANTATIO	N, FLORIDA 33324	2	
6. The name and street address of the new registere (if changed):	d agent (if changed) and /or registered office	2025 SIII	
Cogency Global I	nc.		
115 North Calho	un St., Suite 4		
	P.O. Box. NOT acceptable	<u></u>	
Tallahassee, FL		•	
The street address of its registered office and the as changed will be identical.	street address of the business office of its r	registered agent,	
Such change was authorized by resolution duly acauthorized by the board, or the corporation has be	dopted by its board of directors or by an of een notified in writing of the change.	ficer so	
Joshua S Michael	Joshua McLeod, VP		
Signature of the appointment as registered age I hereby accept the appointment as registered age I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the document is being filed merely to reflect a change corporation has been notified in writing of this class	ll statutes relative to the proper and complete obligation of my position as registered of the registered office address, I hereby	lete performance agent. Or, if this confirm that the	
/s/ Tim Mayville	9/15/2025		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Tim Mayville, Assistant Secretary			
Typed or Printed Name			

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