## N37011

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PICK-UP WAIT MAIL	
(Dusingse Fakiki Mame)	_
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
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SECRETARY OF STATE OVISION OF GORRORATIONS

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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: The Hampton Glen at Deerwo	ood Association, Inc.			
DOCUMENT NUMBER: N37611				
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Brett P. A (Name of Con	Abner, Esq.			
(Name of Cor	itact Person)			
To make a	Oder DA			
(Firm/Co	d Odom, P.A. mpany)			
6816 Southpoint Parkway, Suite 400				
(Address)				
Jacksonville, FL 32216 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Brett P. Abner, Esq. (Name of Contact Person)	_ at ( <u>904</u> ) <u>353-6888</u> (Area Code & Daytime Telephone Number)			
(Name of Contact Ferson)	(Area code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	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 Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: The Hampton Glen at Deerwood Association, Inc.	
	office address: Hampton at Deerwood, 8515 Hampton Ridge Blvd.	
	lle, FL 32256	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 04/12/1990 Document number: N37611	
	d street address of the current registered agent and registered office on file with the runent of State: (If resigned, enter resigned)	
	Jenks, Thomas	
	245 Riverside Ave., #400	NISI SEC
	Jacksonville, FL 32202	是常
6. The name and (if changed):	245 Riverside Ave., #400  Jacksonville, FL 32202  d street address of the new registered agent (if changed) and /or registered office  Tomchin & Odom, P.A.	PORPORATIONS
	Tomchin & Odom, P.A.	27.0
	6816 Southpoint Parkway, Suite 400  (P.O. Box NOT acceptable)	ซ้า
	Jacksonville, FL 32216	
The street addre	ess of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Mysignatu	Jomes W. Radloff Pres.	
Mereby accept I further agree to of my duties, an document is bei corporation has	the appointment ds registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the stepn notified in pritting of this change.	? ;
- Inc	gnature of Registerest Agent)  10 - 2 - 06  (Date)	
If signing on be	ehalf of an entity:	
	mchin & Odom, P.A. Typed or Printed Name)	

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