N42156

(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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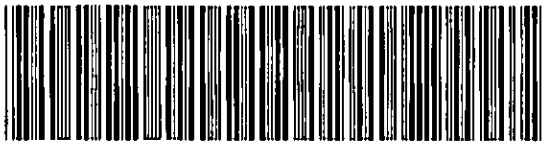

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Clayton & McCulloh
ATTORNEYS AT LAW
www.clayton-mcculloh.com

Client Services Department
cs@clayton-mcculloh.com

Clayton & McCulloh, P. A.
Servicing 25 Counties
Respond to: Orlando Office

June 11, 2020

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please process the attached form for a change of Registered Agent for **Hidden Cove of South Brevard Homeowners Association, Inc.**, document number **N42156** at your earliest opportunity.

Enclosed is check #53828 for $35 made payable to Department of State.

If you have any questions or complications, please contact me, David Batan, at dbatan@clayton-mcculloh.com or by phone at 407-875-2655, x151.

Thank you,

David Batan
Coordinator of Client Services

Orlando Office:
The Clayton & McCulloh Building
1065 Maitland Center Commons Blvd.
Maitland, FL 32751
Phone: (407) 875-2655
Fax: (407) 660-4989

Toll Free: (888) 793-1486

Melbourne Area Branch Office:
Baytree Corporate Park
1301 Bedford Drive, Suite 102
Melbourne, FL 32940
Phone: (321) 751-3449
Fax: (321) 773-9681

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hidden Cove of South Brevard Homeowners Association, Inc
Name of Corporation

DOCUMENT NUMBER: N42136

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Russell E. Klemm, Esq
Name of Contact Person

Clayton & McCulloh, P.A.
Firm/Company

1065 Maitland Center Commons Boulevard
Address

Maitland, FL 32751
City/State and Zip Code

rklemm@clayton-mcculloh.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Russell Klemm at (407) 875-2655
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (6/94)

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

Pursuant to the provisions of sections 607.0202, 617.0502, 865.1208, or 617.1505, 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: HIDDEN COVE OF SOUTH BREVARD HOMEOWNERS ASSOCIATION, INC.

2. The principal office address: 135 Hidden Cove Drive, Melbourne Beach, FL 32951

3. The mailing address (if different): P.O. Box 510273, Melbourne Beach, FL 32951

4. Date of incorporation/qualification: 02/20/1991 Document number: N42156

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):

Mosley, Curtis R., Esquire

1771 East New Haven Avenue

Melbourne, FL 32901

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Russell L. Klemm, Esq., c/o Clayton & McCulloh, P.A.

1065 Maitland Center Commons Boulevard

(P.O. Box Not Acceptable)

Maitland, FL 32751

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

Brad Miller President

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.

Signature of Registered Agent

6/10/2022

Date

If signing on behalf of an entity,

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 (01/13)