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OCT 1 6 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Maclay Hammock Homeowners Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N9700003

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:

Danny Hayes

Name of Contact Person

Kirby Management Group

Firm/Company

3968 N. Monroe St.

Address

Tallahassee, FL 32303

City/State and Zip Code

kirbymanager@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danny Hayes

,850

562-8708

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

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

Pursuant to the provisions of so statement of change is submitte in order to change its		nized under the laws o	f the State of Florida
1. The name of the corporation	Maclay Hammock	Homeowners A	Association, Inc
2. The principal office address:	3968 N. Monroe S	St., Tallahassee,	FL 32303
3. The mailing address (if diffe	rent):		
4. Date of incorporation/qualifi	cation: 6/27/1997	Document num	ber: N9700003700
5. The name and street address Florida Department of State:			fice on file with the
Carol L He	endrix		and a
3826 Pine	Walk Drive		
Tallahasse	ee, FL 32312		
6. The name and street address (if changed):	of the new registered age	ent (if changed) and /or	新光 6
Danny Ha	yes		5
3968 N. M	lonroe St.		
T 11 1	P.O. Box NO	T acceptable	
Lallanasse	ee, FL 32303		
The street address of its registers changed will be identical.	ered office and the street	address of the busine	ss office of its registered agent,
Such change was authorized be authorized by the board, or the	y resolution duly adopted corporation has been no	d by its board of directified in writing of th	tors or by an officer so e change.
Carol I Hen	dut	Carol L Hendr	X yped name and title
Signature of an officer or di I hereby accept the appointme I further agree to comply with performance of my duties, and agent. Or, if this document is hereby confirm that the corpor	nt as registered agent an	nd agree to act in this tutes relative to the pr	capacity. coper and complete
1) Hayro		9/25/2014	
Signature of Registered	Agent		Date
If signing on behalf of an entit	y:	•	
Typed or Printed Nam	ne		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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