## P030000 85513

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| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | me)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: Hammock Entertainment Corporation  |
| DOCUMENT NUMBER: PO 3000 6 85 513   |
| 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:                     |
| Hector Ruben Ribera (Name of Contact Person)  |
| Hammock Entertainment Corp<br>(Firm/Company)  |
| 10710 NW 66 St apt 502 (Address)  |
| Miami FL 33178 (City/State and Zip Code)  |
| For further information concerning this matter, please call:                                  |
| Bergman Paz at (786) 444 6200 (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 sections 607.0502, 617.0502, 607.1508, or 617.1508, 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: Hammock Entertainment Corporation   |
| 2. The principal office address: 303 Sw 19th rd mram, FL 33129  |
|   |
| 3. The mailing address (if different):  |
|   |
| 4. Date of incorporation/qualification: Aug , 5, 2003 Document number: P030000 85513  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |
| Bergman Paz   |
| 303 Sw 19th rd  |
| mramr FL 33129  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| Hector Ruben Rivera > 3   |
| 10710 Nw 66 St apt 502 300 000 000 000 000 000 000 000 000 0  |
| (P.O. Box NOT acceptable)  F. SS  AAA  Hrami FL 33178   |
|   |
| 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.   |
| Bergynan Par  (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. |
| (Date)  |
| If signing on behalf of an entity:  |
|   |
| (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 (8/05)

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