'P03000110993

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| (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: | | | | |
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Office Use Only



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C. GOLDEN AUG 1 4 2018

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: Hutchins Management Services, Inc. Name of Corporation | | | | | |
| • | | | | | |
| DOCUMENT NUMBER: P03000110993 | | | | | |
| 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: | | | | | |
| Eric A. Falk | | | | | |
| Name of Contact Person | | | | | |
| Falk and Falk, P.A. | | | | | |
| Firm/Company | | | | | |
| 17190 Royal Palm Boulevard, Suite 2 | | | | | |
| Address | | | | | |
| Weston, FL 33326 | | | | | |
| City/State and Zip Code | | | | | |
| efalk@falklaywers.com | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Eric A. Falk Name of Contact Person Area Code & Daytime Telephone Number | | | | | |
| 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 Amendment Section Amendment Section | | | | | |

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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

| statement of change in order to c | isions of sections 607.0502, 617.0502, 60 is submitted for a corporation organized change its registered office or registered | under the laws of the State of agent, or both, in the State of | Florida | |
|--|--|---|---------------------------|--|
| 1. The name of the c | orporation: Hutchins Managemer | t Services, Inc. | · · · · | |
| 2. The principal office address: 17190 Royal Palm Boulevard, Suite 2 | | | | |
| Weston, FL 33326 | | | | |
| 3. The mailing address (if different): Lawless, Randolph & Dale, LLC | | | | |
| One Dudley Court, Bethesda, MD 20814 | | | | |
| 4. Date of incorporat | tion/qualification: 10/7/2003 | Document number: P0300 | 00110993 | |
| 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) | | | | |
| 30 | andolph, Peter D. 205 SAWGRASS VILLAGE CIRCLE ONTE VEDRA BEACH, FL 32082 | | 2018 AUG 13 SEGRE FART | |
| 6. The name and street address of the new registered agent (if changed) and /or registered of the control of th | | | | |
| 17190 Royal Palm Boulevard, Suite 2 | | | | |
| P.O. Box NOT acceptable | | | | |
| | eston, FL 33326 | | - | |
| 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. | | | | |
| Peter D. Randolph, Sole Director | | | | |
| Signature of an officer or director 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. | | | | |
| | And the state of t | 7-27-18 | 5 | |
| Signatur | e of Registered Agent | Date | | |
| If signing on behalf of an entity: | | | | |
| Eric Fu | | | | |
| 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 (03/12)

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