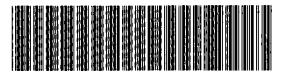
POH000022407

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

19/1/10

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Hampton & Hampton, Mgnt & Leasing, Inc. Name of Corporation
DOCUMENT NUMBER: <u>\$04000 22407</u>
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:
Swa Hampton
Name of Contact Person
Hampton & Hampton, Mgnt Eleating, Inc
7524 Municipal Drive. Address
Orlands F(32819 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott Hamptod Name of Contact Person at (407) 253-9324 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 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



May 26, 2010

SCOTT HAMPTON 7524 MUNICIPAL DR ORLANDO, FL 32819

SUBJECT: HAMPTON & HAMPTON MANAGEMENT & LEASING, INC.

Ref. Number: P04000022407

We have received your document for HAMPTON & HAMPTON MANAGEMENT & LEASING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are change the registered agent's address that needs to be in section 6. The old information needs to be in section 5.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 910A00013291

Sec correction?

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 State of the provision of the State of the St	
statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Flor	
1. The name of the corporation: Hampton & Hampton, Mgnt &	Lealing, Inc
2. The principal office address: 7524 municipal Drive	
071ands, FC 33819	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 2-3-04 Document number: PD406	,0022407
5. The name and street address of the current registered agent and registered office on file with t Florida Department of State: (If resigned, enter resigned)	he
Scott A. Hanpton	
7901 Kingspointe PKWY Stel	5
Orlando FC 32819	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Scott A. Hampton-	
752 / Musicipal Or P.O. Box NOT acceptable	
Orlando F1 32819	
The street address of its registered office and the street address of the business office of its ras changed will be identical.	egistered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change.	ficer so
Signature of an officer or director	sive Nt
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 comple of my duties, and I am familiar with and accept the obligation of my position as registered adocument is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	ete performance igent. Or, if this confirm that the
/hura 05/18/10	
Signature of Registered Agent Date If signing on behalf of an entity:	SECO J
If signing on behalf of an entity:	SILVAN - 3 AHASS
Typed or Printed Name	SEE P
* * * 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 (8/05)