## P04000123444

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(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

	lment Section on of Corporations		
SUBJECT: H	ampp Development, Inc (Name of Co	orporation)	
POCUMENT NUMBER: P04000123444			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return al	I correspondence concerning this matter	to the following:	
	Joy Hampp		
	(Name of Con	tact Person)	
	Hampp Development, Inc. (Firm/Co	mpany)	
	1093 A1A Beach Blvd., #18 (Addr		
St. Augustine, FL 32080 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Joy Hampp	(Name of Contact Person)	at ( 904 ) 669-8615 (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	Street Address: Amendment Section Division of Corporations Clifton Building	
•	Tallahassee, FL 32314	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: Hampp Development, Inc.			
2. The principal office address: 1093 A1A Beach Blvd., #187, St. Augustine, FL 32080			
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3. The mailing address (if different):			
4. Date of incorporation/qualification: 8/26/2004 Document number: P04000123444			
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:			
CARL J. HAMMP			
2740 SW MARTIN DOWNS BLVD. #130			
PALM CITY FL 34990			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
BARBARA HAMPP			
11710 SW TANGERINE CT			
(P.O. Box NOT acceptable) PALM CITY FL 34990			
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.			
JOY D. HAMPP VICE PRES.  (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) (Date)			
If signing on behalf of an entity:  Barbara A. HAMPP  (Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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