

P0500156217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

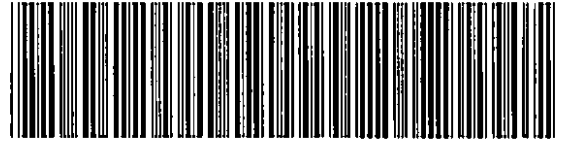
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300316458873

08/03/18--01016--002 \*\*35.00

S TALLENT

AUG 08 2018

FILED

18 AUG -3 AM 11:05

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

RIA-24

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hamilton Planning Consultants Inc.

Name of Corporation

**DOCUMENT NUMBER:** P05000156217

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:

Antonio Prado

Name of Contact Person

Hamilton Planning Consultants Inc.

Firm/Company

P. O. Box 557035

Address

Miami, FL 33255

City/State and Zip Code

tonyp6405@gmail.com ✓

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

For further information concerning this matter, please call:

Antonio Prado

Name of Contact Person

at ( 305 ) 773-0178

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: Hamilton Planning Consultants, Inc.
2. The principal office address: 4900 W. Hallandale Beach Boulevard  
Pembroke Park, FL 33023
3. The mailing address (if different): P. O. Box 557035  
Miami, FL 33255
4. Date of incorporation/qualification: 11/28/2005 Document number: P05000156217
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)

Ignacio G. del Valle/Weiss Serote Helfman PASTORIZA COLE & BOIN  
2525 Ponce de Leon Boulevard, Suite 700  
Coral Gables, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Antonio Prado  
4900 W. Hallandale Beach Boulevard  
P.O. Box NOT acceptable  
Pembroke Park, FL 33023

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.

  
\_\_\_\_\_  
Signature of an officer or director

Antonio Prado, President  
\_\_\_\_\_  
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

AUG - 1 - 2018  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* 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 (03/12)

FILED  
18 AUG - 3 AM 11:09