## P08000089143

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: HoTelmas Reality Inc. Name of Corporation
DOCUMENT NUMBER: PO 80000 89143
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:
Name of Contact Person  Hotelmax Realty che Firm/Company  Po Box 1187  Address  Oclesse 7 33556  City/State and Zip Code  Follmax e. aol-com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (813) 363-5771  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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes nge is submitted for a corporation organized under the laws of the State of <u>+ Hov</u> r to change its registered office or registered agent, or both, in the State of Florida.	rida
1. The name of t	he corporation: HOTELMAN Really Inc	
	office address: 2107 Gunn Highway Odessa 7L 33556	
3. The mailing a	ddress (if different): PO Box 1/87, Odess 71 33556	
_	poration/qualification: 9/30/08 Document number: P0800008	39143
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Tarry K HATFULD	
	278 Crystal Grove Blul	31415 <b>2020</b>
	Luly 41 33548	PROPERTY OF THE PROPERTY OF TH
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	RY OF SE
	Terry K Halfield	: 16
	2107 Gunn Hwy, Suite A	
	P.O. Box NOT Acceptable Odessa 41 33556	
The street addre	ess of its registered office and the street address of the business office of its regist be identical.	ered agent,
Such change wa	is authorized by resolution duly adopted by its board of directors or by an officer board, or the corporation has been notified in writing of the change.	so
adrie		0 6 5
I hereby accept I further agree to of my duties, an document is bei- corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete paid I am familiar with and accept the obligation of my position as registered agent in gained to reflect a change in the registered office address, I hereby confiden notified in writing of this change.	performance Or, if this irm that the
1 Im	3-10-2020 Date	<del></del>
If signing on be	half of an entity:	
т	ped 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 (04/13)