

P14000054195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

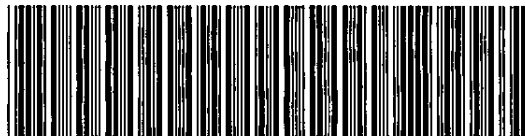
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500269596065

03/16/15--01050--015 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 MAR 16 PM 3:23

MAR 24 2015

T. CARTER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: HIDDEN GEM REALTY INC  
Name of Corporation

DOCUMENT NUMBER: P14000054195

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:

VICTOR BRONKHORST  
Name of Contact Person

HIDDEN GEM REALTY INC  
Firm/Company

5187 PALE MOON DR  
Address

PENSACOLA, FL 32507  
City/State and Zip Code

hiddengemreality@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTOR BRONKHORST at ( 850 ) 356 8767  
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

**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: HIDDEN GEM REALTY INC
2. The principal office address: 5187 PALE MOON DR  
PENSACOLA, FL 32507
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/23/14 Document number: P14000054195
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)

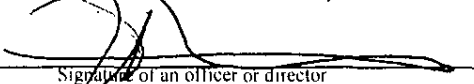
VICTOR R. BRONKHORST  
5187 PALE MOON DR  
PENSACOLA, FL 32507

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

VICTOR R. BRONKHORST  
8210 LILLIAN HWY  
P.O. Box NOT acceptable  
PENSACOLA, FL 32506

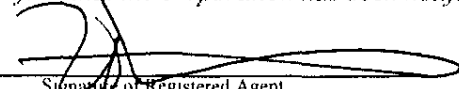
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

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

03/11/15  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

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

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 MAR 16 PM 3:23