P1500082787

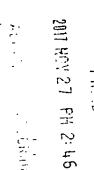
(Re	equestor's Name)	
(Ac	ddress)	
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(Cil	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	e)
(Dx	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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C. GOLDEN NOV 29 2017

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: HAYMAN - WOODWARD CORP Name of Corporation		
DOCUMENT NUMBER: P150000 827 87		
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:		
Carlos Leonardo Lima - Freitas Name of Contact Person HAYMAN-WCODWARD CORP Firm/Company		
800 BRICKELL AUE STE 1410 Address		
MIAMI FL 33131 City/State and Zip Code		
1eo.freitas e hw.im E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Isabelle Colombo at (305) 515 8095 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, F1, 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

CR2E045 (03/12)

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
in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: HAYMAN - WCODWARD CORP.
2. The principal office address: 800 Brickell Auc. Suite 1410 MIAMI, FL 33131
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/1/2015 Document number: P150008278
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)
NOT YOUR TYPICAL COMPANY
NOT YOUR TYPICAL COMPANY 2520 COTAL Way * 2064 Coral Gables FL 33145
Coral Gables, FL 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
NOT YOUR TYPICAL COMPANY
EOO Brickell Ave. # 1410 PO Box NOT acceptable
MIAMI, FL 33131
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.
CANOS C. CIM-FREITAS
Signature of an officer or director 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.
11/15/17
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name
/ = · · · · · · · · · · · · · · · · ·

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