

P160000039170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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08/15/16--01011--032 **35.00

R/A-CH

S. TALLENT

SEP 30 2016

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP 26 AM 8:55

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2016

SCOTT SCHUETZ
HOVEN REAL ESTATE
705 PUESTA DEL SOL PLZ
INDIALANTIC, FL 32903

SUBJECT: HOVEN REAL ESTATE INC.
Ref. Number: P16000039170

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please fill out the required fields, #2, #3, and #4 on the attached form.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan S Tallent
Regulatory Specialist II

Letter Number: 616A00018749

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hoven Real Estate inc
Name of Corporation

DOCUMENT NUMBER: P16000039170

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:

Scott Schuetz

Name of Contact Person

Hoven Real Estate

Firm/Company

705 Puesta del Sol Plz

Address

Indialantic Fl 32903

City/State and Zip Code

scott@hovenrealestate.com

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

For further information concerning this matter, please call:

Scott Schuetz

Name of Contact Person

at (**321**) **474-5776**

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: Howe Real Estate Inc
2. The principal office address: 705 Puerta del Sol place
Indiantown FL 32903
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5-2-16 Document number: P16000039170
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)

771 W WHITMORE DR
MELBOURNE, FL 32935

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TALLAHASSEE, FLORIDA

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

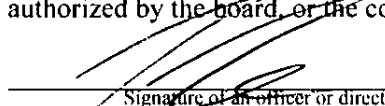
927 E New Haven Ave suite 316

Melbourne Florida 32901

P.O. Box NOT acceptable

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

Scott Schuetz , DIR

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

8-10-16

Date

If signing on behalf of an entity:

Typed or Printed Name

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