

P160000080483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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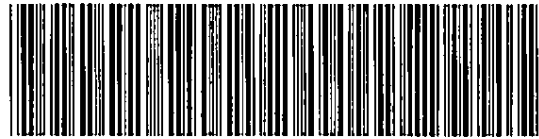
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hoven Referral Associates Inc

Name of Corporation

DOCUMENT NUMBER: P16000080483

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 Referral Associates Inc

Firm/Company
457 Montreal Ave.

Address
Melbourne, FL 32935

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 321 474-5775

Name of Contact Person at ()
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: Hoven Referral Associates Inc
2. The principal office address: 457 Montreal Ave. Melbourne, FL 32935

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/03/2016 Document number: P16000080483

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)

Scott Schuetz

927 E NEW HAVEN AVE SUITE 316

MELBOURNE, FL 32901

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

Scott Schuetz

457 Montreal Ave.

Melbourne, FL 32935

P.O. Box NOT acceptable

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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]
Signature of an officer or director

Scott Schuetz
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

Date

If signing on behalf of an entity:

Typed or Printed Name

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