

PI600082102

(Requestor's Name)

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(City/State/Zip/Phone #)

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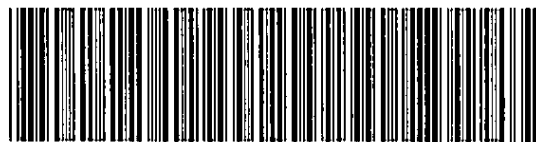
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Keith L. Hammond, P.A.
Name of Corporation

DOCUMENT NUMBER: P16000082102

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:

Keith L. Hammond

Name of Contact Person

Keith L. Hammond, P.A.

Firm/Company

P.O. Box 470361

Address

Celebration, FL 34747

City/State and Zip Code

keith@hammondlawcenter.com

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

For further information concerning this matter, please call:

Keith L. Hammond

Name of Contact Person

at (407)

730-9909

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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