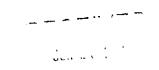
P160032102

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	<u> </u>			

Office Use Only



500368845885



06/23/21--01003--024 **35.00

2021 JUN 29 PH 4: 19
SUCKE WAY OF STATE
STALL AND SEE, FL

A. Butler

- COVER LETTER

TO:	Amendment Section Division of Corporations		
	Division of Corporations		
SUBJ	ECT: Keith L. Hammond, P.A. of Corporation		
Name	of Corporation		
DOC	UMENT NUMBER: P16000082102		
The er	nclosed Statement of Change of Registe	ed Office/Agent and fee a	re submitted for filing.
Please	return all correspondence concerning t	is matter to the following	:
		C	
	L. Hammond		
Name	of Contact Person		
	L. Hammond, P.A.		
Firm/0	Company		
P.O. B	sox 470361		
Addre	ss		
	ration, FL 34747		
City/S	tate and Zip Code		
	keith@hammondlawcenter	com	
E-ma	il address: (to be used for future ann	al report notification)	
For fu	rther information concerning this matte	, please call:	
Keith I	L. Hammond	at (407	730-9909
	Name of Contact Person	Area Code	730-9909 & Daytime Telephone Number
Enclo:	sed is a \$35.00 check made payable to t	e Department of State.	
	Mailing Address: Amendment Section	Street Address:	
	Amendment Section	Amendment Sec	etion

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

, STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.0 ange is submitted for a corporation or	ganized under the laws of the State of	riojida
· -	er to change its registered office or reg	,	Florida.
	the corporation: Keith L. Hammond, P.		
2. The principa	l office address: 700 Celebration Avenue	e, Suite 210, Celebration, FL 34747	
3. The mailing	address (if different): P.O. Box 470361	, Celebration, FL 34747-0361	
	poration/qualification: 10/10/2016		082102
	d street address of the current registere attment of State: (If resigned, enter resi		ith the
	Keith L. Hammond		
	1601 W. Colonial Drive		2021 SEC
	Orlando, FL 32804		FI
6. The name an (if changed):	d street address of the new registered a	gent (if changed) and /or registered of	
	Keith L. Hammond	;- - ;-	
	700 Celebration Avenue, Suite 210		Tmi 49
	P.O. Celebration, FL 34747	Box NOT acceptable	_
The street addr as changed wil	ess of its registered office and the stre l be identical.	eet address of the business office of i	ts registered agent,
Such change wanthorized by t	as authorized by resolution duly ador he board, or the corporation has been	oted by its board of directors or by an notified in writing of the change.	ı officer so
Veitht	Alexander of the second	Keith L. Hammond, President	
	ire of an officer or director	Printed or typed name and t	itle
I hereby accept I further agree of my duties, as document is be corporation ha	t the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity. tatutes relative to the proper and cop obligation of my position as registere the registered office address. I here ge.	nplete performance ed agent. Or, if this by confirm that the
Valk		June 25, 2021	
Si	enature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Keith L. Hammo	ond		
	yped or Printed Name		
	* * * FILING	FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)