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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Hillsborough County Real Properties, Inc. Name of Corporation p1800009829 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: Lodoiska Garcia Name of Contact Person Hillsborough County Real Properties, Inc. Firm/Company 12171 SW 268 Street Homstead, FL 33032 City/State and Zip Code Lgarcia@americancare.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lodoiska Garcia Name of Contact Person 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta ange is submitted for a corporation organized under the laws of the State of Flo er to change its registered office or registered agent, or both, in the State of Flo	spiro	is 	
1. The name of	the corporation: Hillsborough County Real Properties, Inc.			
	l office address: 12171 SW 268 Street Homstead, FL 33032			
3. The mailing a	address (if different):			
4. Date of incorp	rporation/qualification: 1/29/2018 Document number: p180000	09829		
	d street address of the current registered agent and registered office on file with irtment of State: (If resigned, enter resigned)	the		
	Mark Romance			
	396 Alhambra Circle North Tower, 14th floor	نور		
	Miami, FL 33134	<u>机</u> 建3	8 AUG	चि.
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	e <u>cz:</u>	17 PH	THE D
	Lodoiska Garcia			Ü
	12171 SW 268 Street		0_	
	P.O Box NOT acceptable Homstead, FL 33032			
	ress of its registered office and the street address of the business office of its reliable identical.		1 agen	ıt,
Such change wa authorized by if	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	ficer so		
	ure of this officer or director Jan Wally Car Printed or typed name and title	SUA		P
I hereby accept I juriber agree i performance of agent. (fr. if the hereby confirm	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed in which and accept the obligation of my position as a division of the registered office of the corporation has been notified in writing of this change.	ete s registe address,	red I	
	gnature of Registered Agent Date			
If signing on be	chalf of an entity:			
	Lodoiska Coma			
Ty	Typed or Printed Name			

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