

P93000052443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.M.
9-3-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHANGE OF REGISTERED AGENT/ADDRESS
Name of Corporation

DOCUMENT NUMBER: P93000052443

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:

WILLIAM M. TIMMENY
Name of Contact Person

HOMETOWN INVESTORS, INC
Firm/Company

171 LIBERTY AVE (recently changed
via email)
Address

NO. BABYLON, N.Y. 11703
City/State and Zip Code

Pct9182@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM TIMMENY at (631) 669-9182
Name of Contact Person 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: HOMETOWN INVESTORS, INC
2. The principal office address: 171 LIBERTY AVE (recently changed to
NO. BABYLON, N.Y. 11703 this address)
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/22/1993 Document number: P93000052443
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)

WILLIAM M. TIMMENY

171 LIBERTY AVE

NO. BABYLON, N.Y. 11703

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

PETER HOCKMAN

80 SW 8th Street #3100

P.O. Box NOT acceptable

MIAMI, FLORIDA 33130

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

William M. Timmeny
Signature of an officer or director

WILLIAM M. TIMMENY, PRESIDENT
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.

Peter Hockman ESQ
Signature of Registered Agent

8/25/14

Date

If signing on behalf of an entity:

PETER HOCKMAN ESQ
Typed or Printed Name

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