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## **COVER LETTER**

10: Amendment Section Division of Corporations
SUBJECT: HANSEN HOMES OF SOUTH FLORIDA, INC. (Name of Corporation)
DOCUMENT NUMBER: P96000022432
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:
DUANE M. DAVIS (Name of Contact Person)
HANSEN HOMES OF SOUTH FLORIDA, INC. (Firm/Company)
1436 SE 16TH PLACE (Address)
CAPE CORAL, FLORIDA 33990 (City/State and Zip Code)
For further information concerning this matter, please call:
DUANE M. DAVIS  at ( 239 ) 458-2100  (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

statement of ch	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Stat organized under the laws of the State of Flo registered agent, or both, in the State of Flor	orida
1. The name of	the corporation: HANSEN HOMES	OF SOUTH FLORIDA, INC.	
2. The principa	l office address: 1436 SE 16TH PLA	ACE, CAPE CORAL, FLORIDA 33990	
3. The mailing	address (if different): PO BOX 1517	735, CAPE CORAL, FLORIDA 33915-173	5
4. Date of incom	rporation/qualification: 3/12/96	Document number: P96000022	432
	d street address of the current register artment of State:	ered agent and registered office on file with t	
	BUCKLEY, J. PATRICK ESC	Q.	2008 HAY -2 SECRETAR'S
WARCHOL, MERCAHNT, ROLLINGS, BUCKLEY, ET AL			
	1633 SOUTHEAST 47TH TE	ERRACE, CAPE CORAL, FL 33904	C-17
6. The name an (if changed):		d agent (if changed) and /or registered office	AM 7: 02 OF STATE E, FLORIDA
	1436 SE 16TH PLACE (P.O. Box NOT acc	entable)	
	CAPE CORAL, FLORIDA	•	
The street addr as changed wil	ress of its registered office and the s	street address of the business office of its re	egistered agent,
		dopted by its board of directors or by an of sen notified in writing of the change.	
Jan. (Signa	ture of an officer or director)	DUANE M. DAVIS, OFO C. (Printed or typed name and title	), O.
I hereby accept I further agree of my duties, a document is be corporation ha	t the appointment as registered age to comply with the provisions of a	ent and agree to act in this capacity. Il statutes relative to the proper and compl he obligation of my position as registered a e in the registered office address, I hereby o hange.	ete performance agent. Or, if this confirm that the
If signing on b	ehalf of an entity:		
	MES OF SOUTH FLORIDA, INC.		
	(Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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