I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 02/02/2024

SIGNATURE: KEITH L HAMMOND

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Officer/Director Detail :				
ïtle	Ρ	Title	т	
lame	HAMMOND, KEITH L	Name	HAMMOND, KEIT	

DOCUMENT# P16000082102

Entity Name: KEITH L. HAMMOND, P.A.

Current Principal Place of Business:

800 CELEBRATION AVENUE SUITE 224 CELEBRATION, FL 34747

Current Mailing Address:

P.O. BOX 470361 CELEBRATION, FL 34747 US

FEI Number: 81-4126351

Name and Address of Current Registered Agent:

HAMMOND, KEITH L 800 CELEBRATION AVENUE SUITE 224 CELEBRATION, FL 34747 US

SIGNATURE: Electronic Signature of Registered Agent

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Title	Р	Title	Т
Name	HAMMOND, KEITH L	Name	HAMMOND, KEITH L
Address	709 HONEYSUCKLE AVE.	Address	709 HONEYSUCKLE AVE.
City-State-Zip:	CELEBRATION FL 34747	City-State-Zip:	CELEBRATION FL 34747

FILED Feb 02, 2024 Secretary of State 4618593459CC

Date