F14000002110

(R€	equestor's Name)	<u> </u>
(Ar	idress)	
(ric	idic33 _j	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		•

Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv^o

ORDER FORM

Tion Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 1/18/2022

PRIORITY Regular Approval

OUR_REF_#_(Order_ID#) 989137

ORDER ENTITY

THE H.D.D. COMPANY, INC., A CORPORATION OF OREGON

PLEASE PERFORM THE FOLLOWING SERVICES:

THE H.D.D. COMPANY, INC., A CORPORATION OF OREGON (FL)

File the attached change of agent document

NOTES:___

\$35.00 Authorized

Email address for annual report reminders: professional@harborcompliance.com

ri,

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, January 18, 2022 Page 1 of 1

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

statement of cl	hange is submitted for a corpora	22, 617.0502, 607.1508, or 617.1508, Florida Statutes, this cation organized under the laws of the State of OR ce or registered agent, or both, in the State of Florida.
1. The name o	f the corporation. THE H.D.D. C	COMPANY, INC., A CORPORATION OF OREGON
	al office address: 4580 Greenstor	
- 3. The mailing	address (if different):	
4. Date of inco	orporation/qualification: $\frac{01/21/2}{1}$	005 Document number: F14000002110
	nd street address of the current i artment of State: (If resigned, e	registered agent and registered office on file with the nter resigned) M ROAD
	C T CORPORATION SYSTE	M E E
	1200 SOUTH PINE ISLAND	ROAD 56 6
	PLANTATION, FL 33324	500 =
6. The name at (if changed)		istered agent (if changed) and /or registered office
	Registered Agents Inc.	
	7901 4th St N STE 300	
		P.O. Box NOT acceptable
	St. Petersburg FL 33702	
The street add as changed wi	lress of its registered office and	d the street address of the business office of its registered agent.
Such change vauthorized by	was authorized by resolution de the board, or the corporation h	uly adopted by its board of directors or by an officer so has been notified in writing of the change.
/s/ Phill Perron		Phill Perron, President
-	sture of an officer or director	Printed or typed name and title
l further agrée of my dutiés, a document is b	of the appointment as registere e to comply with the provisions and I am familiar with and acc eing filed merely to reflect a cl as been notified in writing of t	ed agent and agree to act in this capacity, s of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this hange in the registered office address. I hereby confirm that the his change.
Bill Acres Signature of Registered Agent		01/14/2022
	agnature of Registered Agent	Date
If signing on b	behalf of an entity:	
Bill Havre		
	Typed or Printed Name	
	* * * F	TLING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314