L24000405538

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Nam	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:	. .	
	J. HORNE FEB 24 28)25	

Office Use Only



500442644195

2025 FEB 21 PM 12: 5

RECEIVED



41.4

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 02/21/2025	_		777 <i>7 A J SV</i> - PA
HADI			WALK IN
ENTITY NAME HAPP	PY OURS KRJ, LLC		
DOCUMENT NUMBER	₹		
	PLEASE FILE THE	ATTACHED AND RETURN	
xxxxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts & Certificate of Good Stand		
	APOSTILLE' / NO	TARIAL CERTIFICATION	
COUNTRY OF DESTIN	'ATION		
NUMBER OF CERTIFIC	CATES REQUESTED		
TOTAL OWED \$25.0	0	ACCOUNT #: I20160000072	
		S 87/10	
DO DOT:	. 4/ / / /	y issues or concerns. Thank you so muc	

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	_{ECT:} HAPPY OURS KRJ, LI	LC .
	Nai	ne of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning the	is matter to the following:
A M	usolino	
	Name of Person	
Hart	oor Compliance	
	Firm/Company	
1830	Colonial Village Lane	
	Address	
Land	aster, PA 17601	
	City/State and Zip Code	
corp	orateshield@strausslaw.co	m
E	-mail address: (to be used for future an	nual report notification)
For fur	ther information concerning this matter	please cali:
Ami	Musolino	at (717) 294-0463
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:
	□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)	Principal office address of limited liability company		Mailing address of limited liability company
	(<u>Note: MUST BE STREET ADDRESS</u>) 84 Emerald Necklace Dr		(Note: MAY BE POST OFFICE BOX)
	04 Effetald Necklace DI	 ,	84 Emerald Necklace Dr
	Asheville North Carolina 28803		Asheville North Carolina 28803
	09-17-2024	ι	_24000405538
	Date of filing/registration in Florida	4.	Document number
(a)		·	
()	Registered Agent and Registered Office shown on the recor	rds of the Florida E	Dept. of State:
	LEGALINC CORPORATE SERVICES	SINC.	
	Registered Office Address (MUST BE FLORIDA STR	EFT ADDRESS)	202
	476 RIVERSIDE AVE.		, 57
	Jacksonville	32202	POSFEB 21 PH
(b)			P. C.
	Enter name of NEW Registered Agent and/or NEW Regis	tered Office addr	ress:
	Registered Agents Inc		ige - ₹
	NEW Registered Office Address:		
	7901 4th St N Ste 300		

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Russell James Johnson-Manager

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent