

L970000006183

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : TRIDENT TITLE LLC
Account Number : I20090000078
Phone : (561) 515-2920
Fax Number : (561) 515-2939

REGISTERED AGENT CHANGE

H.K.L., L.C.

Certificate of Status	0
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Nov. 6. 2009 1:59PM

No. 0572 P. 2/3

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H.K.L., L.C.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Woodward
Name of Person

The Law Office of Paul A. Krasker, P.A.
Firm/Company

225 South Olive Avenue
Address

West Palm Beach, Florida 33401
City/State and Zip Code

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

For further information concerning this matter, please call:

Paul A. Krasker at (561) 515-2929
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Nov. 6. 2009 1:59PM

No. 0572 P. 3/3
(((H09000236698 3)))

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company: H.K.L., L.C.

2. (a) Principal office address of limited liability company: c/o HKL, LC

☐ (Note: **MUST BE STREET ADDRESS**) 411 Old Post Road
Madison, FA 30650 US

(b) Mailing address of limited liability company: _____

☐ (Note: **MAY BE POST OFFICE BOX**) same as principal address

02/13/1997
3. Date of filing/registration in Florida

L97000000183
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Paul A. Krasker, Esq.

Registered Office Address: Moyle, Flanigan, et al.
625 N. Flagler Drive, 9th Floor
West Palm Beach, FL 33401-4025 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Paul A. Krasker, Esq.

NEW Registered Office Address: Law Office of Paul A. Krasker, P.A.
(MUST BE FLORIDA STREET ADDRESS) 225 S. Olive Avenue
West Palm Beach, FL 33401 US

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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]
Signature of a member or authorized representative of a member

Paul Krasker
Printed or typed name of signer

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 in Chapter 608, 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.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

LNHS18 (05/08)

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