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(Requestor's Name)	
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(City/State/Zip/Phone #)	1
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PICK-UP WAIT	MAIL
(Business Entity Name)	
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COVER LETTER

TO: Registration Section Division of Corporations	· 1			
SUBJECT: Hammock Breeze LLC	1			
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	d Office Change and fec(s) are submitted for filing.			
Please return all correspondence concerni	ng this matter to the following:			
Sabine Robertson				
Name of Person				
Firm/Company	1.			
ranizeompany				
104 Spotted Dolphin Rd	I			
Address	_ .			
Santa Rosa Beach, FL 32459				
City/State and Zip Co	ode			
kurtrobertson@gmail.com				
E-mail address: (to be used for futur-	e'annual report notification)			
For further information concerning this ma	atter, please call:			
Kurt Robertson	678 576 7270			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building	Registration Section Division of Corporations 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

1. N	ame of the limited liability company. Hamn	nock Breeze LLC	
2. (a)		(b)	
(.,	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS	npany:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	104 Spotted Dolphin Rd	1	04 Spotted Dolphin Rd
	Santa Rosa Beach, FL 32459		Santa Rosa Beach, FL 32459
	9/30/2015	L1	5000165127
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (11)	Registered Agent and Registered Office shown on the	records of the Florida De	pt. of State:
	United States Corporation Agents, In	ıc	
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)	
	13302 Winding Oak Court A		
	Tampa	, FL_33612	FILEL MYSION CHARLES
		, rt	P 25 P
(b)			
	Enter name of NEW Registered Agent and/or NEW I	Registered Office addres	÷ ± C
	Sabine Robertson		TEP 25 PH 2: 48
	NEW Registered Office Address:		
	104 Spotted Dolphin Rd		
	Santa Rosa Beach	, _{FL_} 32459	
the cha agent v was/wa	inge or changes are made, the Florida street ac will be identical. Or, in the case of a Florida I	ddress of the register imited liability comp embers of the limited nt of the limited liab	
Signa	ture of a member or authorized representative of a memb		Printed or typed name of signee
I here provisi the obl to mer notified	by accept the appointment as registered agentions of all statutes relative to the proper and cligations of my position as registered agent as ely reflect a change in the registered office and in writing of this change.	•	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
Signatu	re of Registered Agent		