**Division of Corporations Electronic Filing Cover Sheet** 

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

## From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

> \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC REGISTERED AGENT CHANGE HVM ENTERPRISES, LLC

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## 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. Na	me of the limited liability company: HVM En	iterprises, l	LC	
2. (a)	10 DEBRA CT.	(b) 10 Di	(b) 10 DEBRA CT.  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			
	OLD WESTBURY, NY 11568	OLD V	VESTBURY, NY 11568	
	12/05/2016	L1600	0219511	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	UNITED STATES CORPORATION AGEN	TS, INC.		
5. (a)	Registered Agent and Registered Office shown on the records of		State:	
	5575 S. SEMORAN BLVD			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	<del></del>	
	SUITE 36		<i>ः 🔀</i>	
	***************************************	<sub>FL</sub> 32822	7 E O	
	ORLANDO	FL		
/L\	Registered Agents Inc.		子 5	
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address.		
	7901 4th St N		2019 JUL 16 PH 12: 00 SECRETARY OF STATIFICATION OF STATI	
	NEW Registered Office Address.			
	STE 300			
	St. Petersburg	<sub>FL</sub> 33702		
the cha agent v	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member teles of organization or the operating agreement of the	of the registered of liability company, s of the limited liab he limited liability of	free and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.	
Sima	ture of a member or authorized representative of a member	Riley Park	Printed or typed name of signee	
I here provis, the ob- to mer natifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d'in griting of this change.	ngree to act in this e ele performance of t ded for in Chapter ( I hereby confirm th ant Secretary	capacity. I further usive to comply with the	