

A 01 000 000 441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

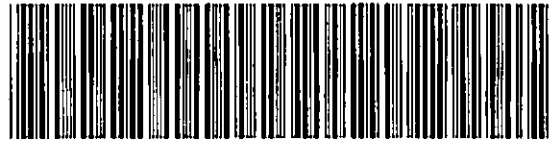
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500366907205

05/01 21--01041--004 15.00

STATE
CLERK
JUL 1 2 48 PM

JUL 2000

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOGAN FAMILY ENTERPRISES, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A01000000441

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

Please return all correspondence concerning this matter to:

Zachary Ysaïs

Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, Texas 78744

City, State and Zip Code

orders@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zachary Ysaïs

at (888) 705-7274

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. HOGAN FAMILY ENTERPRISES, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/02/2001

Date of filing/registration in Florida

3. A01000000441

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Hogan-Whitely, Millicent, MS

Name

% JAMES D HOGAN 936 INTERCOASTAL DRIVE APT 4-A

Address

FT. LAUDERDALE, FL 33304

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Registered Agent Solutions, Inc.

Name

155 Office Plaza Dr., Suite A

Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Millicent Hogan-Whitely
Signature of General Partner

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.

Mackenzie Hart Mackenzie Hart
Signature of Registered Agent Assistant Secretary

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

FILE
P11 2:48