## W22000063770

(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:								





100389429171

08/27/22--01021--001 \*\*25.00

TÄLLAHASSEE, FLORIDA

2022 JUN 27 PM 2: 15

SEP 2 0 2022 S. PRATHE!

## **COVER LETTER**

ТО:	Registration Section Division of Corporations						
SUBJE	HOGWARTS PROPERTIES, LLC						
2.000.		Name of Limited	Liability Company				
Dear Si	r or Madam:						
The enc	losed Registered Agent/Registered (	Office Change a	nd fee(s) are submitted for filling.				
Please r	eturn all correspondence concerning	this matter to the	ne following:				
Robert C	Gaylord						
	Name of Person		<del></del>				
HOGWA	ARTS PROPERTIES, LLC						
	Firm/Company						
3805 Re	flection Dock Drive						
	Address		<del></del>				
Seffner/	Florida 33584						
	City/State and Zip Cod	e					
rgaylord	@mail.usf.cdu						
E-	mail address: (to be used for future	annual report no	otification)				
For furt	her information concerning this mat	ter, please call;					
Rgaylor	d@mail.usf.edu	443 at (	805-8368				
	Name of Person	-	Area Code & Daytime Telephone Number				
	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				
	Enclosed is a check for the follow	ing amount:					
	S25 Filing Fee	0	\$55 Filing Fee & Certified Copy				

INH\$18 (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. No	ame of the limited liability company: HOGWARTS PR						
2. (a)	Robert Gaylord		(b) Robert Ga	aylord			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limit (Note: MAY BE POS	•		:
	3805 Reflection Dock Drive		3805 Refl	ection Dock Drive			
	Seffner/FL 33584		Seffner Fl	L 33584			
	6/22/2022		1.22000063	770			
3.	Date of filing/registration in Florida	- 4.	<del></del>	Document number			
5. (a)	Robert Gaylord						
•	Registered Agent and Registered Office shown on the records of Robert Gaylord			te:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7918 Chestnut View Drive						
	Lakeland , FI	33810		_	57	2	
(6)	Robert Caylord			_		2022 JUN 27	. 77
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				38.00 38.00	22 	
	Robert Gaylord						
	NEW Registered Office Address:				문과	5	
	3805 Reflection Dock Drive			<del></del>	10.	25	
	Seffner , FI	33584		_			
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative of of the members of of organization of the operating agreement of the	e registe ability of the li	ered office ar company, it i imited liabili	nd the business office is hereby confirmed ty company or as oth	e of the reg that the ch	istered inge(s	d ;)
<u></u>		Re	bert Gaylord				
Signa	dure of a member or authorized refreemative of a member			Printed or typed name	of signee		
provis. the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my sosition as registered agent as provide ely reflect a change in the registered office address. It is writing of this change	ree to a perfor ed for in hereby	ct in this cap mance of my i Chapter 60, confirm that	acity. I further agreduties, and I am fan 5, F.S. Or, if this do the limited liability	re to compl niliar with cument is l company h	y with and ac being) as bec	the scept filed m
14							
Syman	ire of Registered Agent						