

A 9300000 1199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

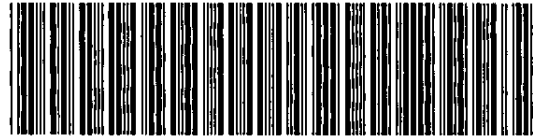
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: HyJon Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: Certificate # 16-8016243922-6
Business Partner #: 4118471 Contract Object #: 16243922
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:

John Gilmore
Contact Person
HyJon Limited Partnership
Firm/Company
2811 N.W. 5th Avenue
Address
Miami FL 33127
City, State and Zip Code
gilmore452@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Gilmore at (954) 588-8453
Name of Contact Person Area Code and Daytime Telephone Number

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

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

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

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Change of location address

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. HyJon Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/06/13
Date of filing/registration in Florida

3. 16-8016243922-6
Florida document number
793 000001199

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

John Gilmore
Name

5767 N. Andrews Way
Address

Ft. Lauderdale FL 33309-
City, State and Zip

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

John Gilmore
Name

2811 N.W. 5th Avenue
Florida street address (P.O. Box not acceptable)

Miami FL 33325
City, State and Zip

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

John Sub Gilmore
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 an accept the obligations of my position as registered agent.

John Gilmore
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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DEPARTMENT OF STATE