

A97000001880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

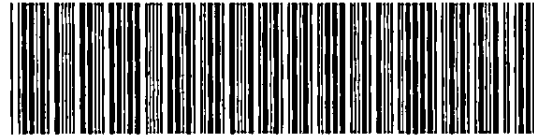
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

JUL 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H&B Global of South FL LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A97000001880

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:

<u>Hassain Issa</u>
Contact Person
<u>H&B Global of South FL LTD.</u>
Firm/Company
<u>10135 SW 124 Street</u>
Address
<u>Miami, FL 33176</u>
City, State and Zip Code
<u>hassainissa@gmail.com</u>
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Hassain Issa</u>	at (<u>305</u>) <u>9874242</u>
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

**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. H&B Global of South FL LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/29/1997
Date of filing/registration in Florida

3. A97000001880
Florida document number

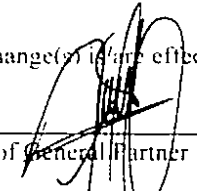
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Lowell M Goode
Name
6330 SW 41 Court
Address
Davie, FL 33314
City, State and Zip

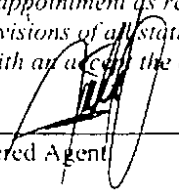
5. The name and Florida street address of the new registered agent and/or office:

Hassain Issa
Name
10135 SW 124 Street
Florida street address (P.O. Box not acceptable)
Miami FL 33176
City, State and Zip

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


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.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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