Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone: (561)694-8107 Phone : (561)694-8107 Fax Number : (561)214-8442

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

REGISTERED AGENT CHANGE H. R. HALL ENTERPRISES, INC.

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Electronic Filing Menu Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	, inge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida red agent, or both, in the State of Florida.
	the corporation: H. R. HALL ENTERPRIS	
	office address: 14433 HAZELTINE CT.	
3. The mailing a	iddress (if different);	
4. Date of incorp	poration/qualification: 11/03/1993	Document number: F93000004979
5. The name and Florida Depai	d street address of the current registered a rtment of State: (If resigned, enter resigne	gent and registered office on file with the d)
	HARRY R HALL	SEC
	14433 HAZELTINE CT.	DEC
	ORLANDO, FL 32826	7
6. The name and (if changed):	d street address of the new registered ager	gent and registered office on file with the 2024 DEC 18 AH 10: 16 ALL AND SEE FLORE FLORE of (if changed) and /or registered office
	Corporate Creations Network Inc	
	801 US Highway I	
	P.O. Box North Palm Beach, FL 33408	NOT acceptable
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent.
Such change wa authorized by the	as authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an officer so itilized in writing of the change.
•	la Tavarez	Estrella Tavarez, Attorney-in-Fact Printed or typed name and title
l hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent an to comply with the provisions of all state al I am tamiliar with and accept the obb ing filed merely to reflect a change in the s been notified in writing of this change.	d agree to act in this capacity. ites relative to the proper and complete performance gation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
strella Ta	- LVANA 7 Estrella Tavarez, Attorney-in-Fact mature of Agistered Agen:	12/17/2024 Date
If signing on be	chalf of an entity:	
Estrella Tavarez	. Special Secretary	
1	yped or Printed Name	
	* * * FILING FE	E: \$35.00 * * *