

L00000000312

David M. Miller

Requester's Name

5517 SW 69th Terrace

Address

Gainesville, FL 32608-4713

City/State/Zip

Phone #

000003106360--5
-01/21/00-01070-008
*****25.00 *****25.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- Updater ☐ Annual Report
Updater ☐ Fictitious Name
Acknowledgement DCC
W. P. Verifier DCC

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

00 JAN 21 PM 12:19

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: HB LIMITED Co.

2. The mailing address of the limited liability company is: 5517 SW 69 Terrace.

Gainesville, FL 32608.

1/4/00
3. Date of filing/registration in Florida

L00000000312
4. Document number

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

(SAME) DAVID M. MILLER
Name
5517 SW 69 Terrace
Address
Gainesville, FL 32608
City, State and Zip

6. The name and address of the new registered agent and/or office:

(SAME) DAVID M. MILLER
Name
5517 SW 69 Terrace
Florida street address (P.O. Box NOT acceptable)
Gainesville, FL 32608
City, State and Zip

00 JAN 21 PM 12:19
SECRETARY OF STATE
DIVISION OF CORPORATIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Carla Brice
(Signature of a member or authorized representative of a member)

CARLA BRICE
(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Miller
(Signature of Registered Agent)

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

FILING FEE: \$25.00