

**Helio Mendez P.R.**  
**600000001764**

Requester's Name  
 6175 N.W. 153rd St. Suite 30

Address  
 Miami Lakes, FL 33014

City/State/Zip  
 Phone #

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 #)

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 \*\*\*25.00 \*\*\*25.00

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

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**NEW FILINGS**

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

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

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

**REGISTRATION/QUALIFICATION**

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

200-1764  
 JE

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 2, 2001

HEIL & MENDEZ, P.A.  
6175 N.W. 153RD STREET, SUITE 230  
MIAMI LAKES, FL 33014

SUBJECT: H & M FINANCIAL SERVICES, LLC  
Ref. Number: L00000001764

We have received your document for H & M FINANCIAL SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 601A00000023

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: H & M Financial Services, LLC

2. The mailing address of the limited liability company is: \_\_\_\_\_

6075 NW 153rd Street, Suite 230, Miami Lakes, FL 33014

February 16, 2000  
3. Date of filing/registration in Florida

L000000001764  
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:

Corporate Creations Enterprises, Inc.

Name

941 4th Street, #200

Address

Miami Beach, FL 33139

City, State and Zip

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

TIMOTHY J. HEIL

Name

6075 NW 153rd Street, Ste 230

Florida street address (P.O. Box NOT acceptable)

Miami Lakes, FL 33014

City, State and Zip

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.

Timothy J. Heil  
(Signature of a member or authorized representative of a member)

Timothy J. Heil  
(Printed or typed name of signer)

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.

Timothy J. Heil  
(Signature of Registered Agent)

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

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