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(R	equestor's Name)	
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_	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
SECRETA

## **COVER LETTER**

TO: Registration Section Division of Corporations			
	Hogan ((C)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.		
Please return all correspondence conditions this	s matter to the following:		
Bernard M. Hogon Sr Name of Person			
Rita J Hogan LCC Firm/Company			
8825 Oak Street	· · · · · · · · · · · · · · · · · · ·		
Riverview FC 33578 City/State and Zip Code	3		
E-mail address: (to be used for future annual report notif	ication)		
For further information concerning this matter,	please call:		
Bernard M Hosen Sr a	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following a	Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08)

## 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. Name of the limited liability company: Rita	J Hoga, LLC
2. (a) Principal office address of limited liability company	: 8825 Oak Street
(Note: MUST BE STREET ADDRESS)	Riverview, FL 33578
(b) Mailing address of limited liability company:	8825 Oak Street
(Note: MAY BE POST OFFICE BOX)	Riverview, FC 33578
12/30/2004	८०५०६० १५५००
	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Deptrof State:
Registered Agent:	Bernard M Hoganistr &
Registered Office Address:	8825 Oak Street
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent:</u> NEW Registered Office Address:	Christopher J. Hogan 8825 Oak Street
(MUST BE FLORIDA STREET ADDRESS)	Riverview FL 33578
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the liability company or as other	lorida street address of the registered office ical. Or, in the case of a Flerida limited was/were authorized by an aftirmative vote wise provided in the articles of organization
or the operating agreement of the limited liability company Signature of a member or authorized representative of a member	ASSEE, PEO
Printed or typed name of signee  SA.	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I pereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE; \$25.00