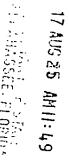
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



700302700307

08/25/17--01009--017 \*\*25.00



AUG 0 - 207 Y EULr

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Hurst Hardwa	f Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Debra Faulkrer Name of Person		
Burke Faulkner Lan Firm/Company	<u>~ P.A.</u>	
3100 Palm Harbor Blud,	SuitB	
Palm Harbor FL 3468 City/State and Zip Code	3	
debbie & burle faul (ve E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, plo	ease call:	
Cristin Buell	at (777 ) 9 <b>9</b> 9 \$900	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tananassee, Fronta 32317	
Enclosed is a check for the following amount:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
per dad throught of	— *** · · · · · · · · · · · · · · · · ·	

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

suomus Florida.	ine following statement in order to change in regions	
l. Nar	ne of the limited liability company: Hurst Hardwoo	ds LLC
	105 Danies RdE (b) Sa	me
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	suite B	
	adsmar FL 34677	
	1/29/05	50000 8895
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	 ne:
	310ce Palm Hurbor Blud, SuiteB	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		••
	Palm Harbor FL 34683	- ä <b>1</b> 7
(b)	Craia Hurst	AUG AUG
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	105 Downlan Rd & SuiteB	m = = = = = = = = = = = = = = = = = = =
	NEW Registered Office Address:	
		- 200 Marie 190
		-
	Oldsmar FL 34671	_
If the i	imited liability company is not organized under the laws of the State of F	florida, it is hereby confirmed that after
	imited liability company is not organized under the laws of the die stared offi ange or changes are made, the Florida street address of the registered offi will be identical. Or, in the case of a Florida limited liability company, it	
was/w the art	will be identical. Or, in the case of a Florida infliced hability core authorized by an affirmative vote of the members of the limited liabilities, of organization or the operating agreement of the limited liability of	лирану.
	John Ataxier Debra	Printed or typed name of signee
	inure of a metabor of autitionized representative of a metabor	maning I forther garge to comply with the
próvis /he ob	by accept the appointment as registered agent and agree to act in this co- tions of all standes relative to the proper and complete performance of m ligations of mylposition as registered agent as provided for in Chapter 6 refyreflect a charge in the registered office address, I hereby continu the	y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed
to mei notifie	elyreflect a Hollee in the registered office address, I hereby confirm inc d in writing of this change,	n the united habitily company has been
Signat	ure of Registered Agent	
J	Division of Corporations • P.O. Box 6327 • Tallah	assee, FL 32314
	FILING FEE: \$25.00	•
151110107	7/1.4\	