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COVER LETTER

TO: Registration Section Division of Corporations						
Huckleberry Partners, LLC SUBJECT:	Huckleberry Partners, LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning th	his matter to the following:					
H. James Herborn, III						
Name of Person						
Huckleberry Partners, LLC						
Firm/Company						
P.O. Box 781848						
Address						
Orlando, Florida 32878						
City/State and Zip Code						
jimh1263@comcast.net						
E-mail address: (to be used for future and	nual report notification)					
For further information concerning this matter	r, please call:					
H. James Herborn, III	407 765-8131					
Name of Person	Area Code & Daytime Telephone Num					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy					

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 Florida.

1. Na	ame of the limited liability company: Huckleberry	Partner	s, LLC		
2. (a)	• • •	()	b)		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	4037 Avalon Park East Blvd, Suite 2		P.O. Box	(781848	
	Orlando, Florida 32828		Orlando,	Florida 32878	
	02/16/05		L0500001	6384	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
3. (a)	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept, of State	: ::	
	Adam Kanter				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	5550 Glades Road, Suite 500				
	Boca Raton	33431	<u></u>	2019 :	
(b)	H. James Herborn, III Enter name of NEW Registered Agent and/or NEW Registered 4037 Avalon Park East Blvd NEW Registered Office Address: Suite 2	d Office address:		- 0 TSH: 56	
	Orlando, Florida 32828	_{L_} 32828			
signa Signa Signa I here provis the obsto mer notifie	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and completely reflect a change in the registered office address, and in writing of this change.	of the reg liability c s of the lir ne limited H. gree to ac	istered office ompany, it is mited liability liability com James Hel	e and the business office of the registered is hereby confirmed that the change(s) we company or as otherwise provided in apany. The rinted or typed name of signee active. I further agree to comply with the chuties, and I am familiar with and accept	

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