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COVER LETTER

TO:	Registration Section Division of Corporations		
	Huckleberry Partners, LLC		
SUBJ	IECT:		
	1	Name of Limited L	iability Company
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Pleas	e return all correspondence concerning	g this matter to the	following:
H. Jan	nes Herborn, III		
	Name of Person		_
Huckl	eberry Partners, LLC		
	Firm/Company		
3801	Avalon Park East Boulevard, Suite 200		
	Address		
Orlan	do, Florida 32828		
	City/State and Zip Coo		
jimh l	263@comcast.net		
	E-mail address: (to be used for future	annual report notif	ication)
For f	urther information concerning this ma	tter, please call:	
H. Jar	nes Herborn, III	407	765-9946
	Name of Person	at (Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	□ \$25 Filing Fee	■ \$	55 Filing Fee & Certified Copy

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.

Nla	Huckleberry Partname of the limited liability company:		С	
	3801 Avalon Park East Boulevard, Suite 200		P.O. Box (b)	
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Orlando, Florida 32828	_	Orlando, I	Florida 32878
	February 16, 2005		L05000016	384
(a)	Date of filing/registration in Florida Herborn, H. James, III	4.	-	Document number
(a)	Registered Agent and Registered Office shown on the records of 13110 Honey Locust Drive	the Flori	da Dept. of Sta	tc:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE	<u>SS)</u>	_
		32828		2022 FEB
(b)	Herborn, H. James, III			LEB-t
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	iddress;	နှင့်မှု 👱 🚺
	3801 Avalon Park East Boulevard, Suite 200			7:38
	NEW Registered Office Address:			ं स
	Orlando , FL	32828		_
inge ent v s/wa	imited liability company is not organized under the lay or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of the operating agreement of the	registe ability of the li limited	red office an company, it i mited liabilit	nd the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in mpany.
ignat	ture of a member or authorized representative of a member			Printed or typed name of signee
visi obl nere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my-position as registered agent as provided ely reflect, a change in the registered office address. I h d in writing of this change.	ee to ac perforr d for in hereby	ct in this cap nance of my Chapter 60: confirm that	acity. I further agree to comply with to duties, and I am familiar with and acc 5, F.S. Or, if this document is being fil the limited liability company has been

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

Signature of Registered Agent