L05000031934

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2017

KURT B HINRICHS 1659 S FREDERICA AVE CLEARWATER, FL 33756-7204

SUBJECT: HINRICHS PROPERTIES, LLC

Ref. Number: L05000021934

We have received your document for HINRICHS PROPERTIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 417A00013381

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: HINRICHS PROPERTIES, LLC Name of 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 matter to the following:				
Amy G. Hinrichs Name of Person				
HINRICHS PROPERTIES LLC Firm/Company				
1659 FREDERICA AJE Address				
CLEARWATER, FL 33756 - 7204 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Amy G. HINRICHS at (727) 647-7705 Name of Person Area Code & Daytime Telephone Numb				
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

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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.

Florida.		ļ
1. Name of the limited liability company:	CHS PROPER	TIES LLC
2. (a) HINRICHS PROPERTIES, LLC	(b)	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ss of limited liability company: (Y BE POST OFFICE BOX)
1659 S. FREDERICA AUS		
CLEARWATER, FL 33756-7204		
3/3/2005	L050αX	-! D21934
3. Date of filing/registration in Florida	1. Document	
5. (a) HINRICHS, AMY G.		
Registered Agent and Registered Office shown on the records of the F	lorida Dept. of State:	•
Registered Office Address (MUST BE FLORIDA STREET ADD	<u>RESS)</u>	17
1029 CHARLES ST		ALLAID
CLEARWATER FL.	33755	
(b) HINRICHS, AMY G.		-3 PH
(b) HINRICHS A FOR 7 CO. Enter name of NEW Registered Agent and/or NEW Registered Office.	ce address:	
		32 NDA
NEW Registered Office Address:	<u> </u>	
1659 S. FREDERICA	AVE	
CLEARWATER FL	33756-720H	
If the limited liability company is not organized under the laws o	f the State of Florida, it is I	nereby confirmed that after
the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liability	registered office and the bu	usiness office of the registered
was/were authorized by an affirmative vote of the members of th	e limited liability company	
the articles of organization or the operating agreement of the lim		WELL WELM
Signature of a member or authorized representative of a member	Printed or ty	WICHS MERM uped name of signee
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per	o act in this capacity. I fur formance of my duties, and	ther agree to comply with the Lam familiar with and accept
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address. I here notified in writing of this change [/]	r in Chapter 605, F.S. Or, by confirm that the limited	if this document is being filed liability company has been
notified In writing of this change [/]		
Signature of Registered Agent		

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