105000046342

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	<i>f</i>)
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O7 JUN 22 AM II: LI SECRETARISE OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hanks St	of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Register	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Kelly Maguire (Name of Person)	O7 JUH 22 SECIRE IS TALLAHAS
(Firm/Company)	SEE A
Po Box 1931	AM II: III SEE, FLORI
(Address) Marco Island, F. (City/State and Zip Code)	34146
For further information concerning this i	matter, please call:
Kelly Maguire (Name of Person)	at (239) 259-Lelle 8 (Area Code & Daytime Telephone Number)
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 follo	owing amount:
\$25 Filing Fee	S55 Filing Fee & Certified Copy
•	

INHS18 (8/05)

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. The name of the limited liability company is: Hanks S	treet Enterprises LLC
2. The mailing address of the limited liability company is:	
marco Island, & 3444	
5/10/2005 L	0500044342 Occument number
5. The name of the registered agent and the registered office address Florida Department of State: Seffeny Janeiro, 8 Name Stand Blood Stand Blood Stand Blood Stand Blood Stand Blood States Address Address City, State and Zip	VQ #101
6. The name and address of the new registered agent and/or office: Kely Magoire Name Florida street address (P.O. Box NOT City, State and Zip	JUN 22 AM II: LI AHASSEE, FLORID acceptable)
If the limited liability company is not organized under the laws of confirmed that after the change or changes are made, the Florida st and the business office of the registered agent will be identical. Or liability company, it is hereby confirmed that the change(s) was/wo of the members of the limited liability company or as otherwise pror the operating agreement of the limited liability company.	treet address of the registered office r. in the case of a Florida limited
(Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and and I am familiar with and accept the obligations of my position a Chapter 608, F.S. Or, if this document is being filed to merely religious, I hereby confirm that the limited liability company has be	act in this capacity. I further agree to d complete performance of my duties, s registered agent as provided for in lect a change in the registered office een notified in writing of this change.

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

(Signature of Registered Agent)