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LCCRA/Rochange

COVER LETTER -

Registration Section
Division of Corporations

TO:

SUBJECT: HAWKEYE INVESTMEN	B, WC.			
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:				
ANIQUU RAMKER				
Name of Person				
HAWKEYE INVESTMENTS, UC				
Firm/Company				
985 HARROR LAKE DRIVE, 49				
Address	•			
SAPETY HAPPEOR, PLA. 34695 City/State and Zip Code				
avanter o hawkeye -1.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ANDRU RAMKER OF 2	29, 980-9760.			
Name of Person	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 following amount:				

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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.

Name of the limited liability compan	y: HAWKEYE	INVESTMENTS	s. uc
2. (a) 4411 CLEVEND	AVE (b	·	EVELAND AVE
Principal office address of limited (Note: MUST BE STREE		Mailing address of lim (Note: MAY BE PO	ited liability company: DST OFFICE BOX)
PT MYERS PU	t. 32901	- IT MYE	500 PLA 335
8/23/20	WS	V05000C	83300
3. Date of filing/registration	in Florida 4.	Document number	er
5. (a) SIMEONE, P	-KHAPD J		
Registered Agent and Registered Office s	hown on the records of the Florida	Dept. of State:	
4411 CLEVELA	MB AVE	_	
Registered Office Address (MUST BI	E FLORIDA STREET ADDRESS	2	TAL SE
			CRE LAH
AT MVERS	FI 33	901	Fil TAR HASS
	, · · · ·		∺.⊷.
(b) ANDRU R	PAMKER		
Enter name of NEW Registered Agent a	nd/or NEW Registered Office add	dress:	Տ TA: Ը OR
			ATE RIDA 43
NEW Registered Office Address:		 _	HANGE
985 HARRIE	LAKE DELLE	#9	MALLING
10- 11.4 101	- WAL PHOL		DONETS
SAPETY HAY	PECK , FL 34	695	AS WEU
If the limited liability company is not orga	anized under the laws of the	State of Florida, it is hereby	confirmed that after
the change or changes are made, the Flori agent will be identical. Or, in the case of	da street address of the regis a Florida limited liability co	stered office and the business ompany, it is hereby confirmed	office of the registered d that the change(s)
was/were authorized by an affirmative vo the articles of organization or the operatin	te of the members of the lim	ited liability company or as o	therwise provided in
ine articles programs aron or the operation	ig agreement of the minted i		Makek
Signature of a member or authorized representati	ive of a member	Printed or typed nam	
I hereby accept the appointment as regist provisions of all statutes relative to the provisions of my position as registere to merely reflect a change in the registere notified in whiting of this change.	tered agent and agree to act coper and complete performe ed agent as provided for in C ed office address, I hereby co	in this capacity. I further ag unce of my duties, and I am fa Chapter 605, F.S. Or, if this a onfirm that the limited liability	ree to comply with the miliar with and accept locument is being filed y company has been
Signature of Registered Agent			