## L05000101603

(Re	equestor's Name)		
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(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
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(Document Number)			
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SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration Section Division of Corporations	,	
SUBJECT: HILL BASHAW GROUP, (Name of Lin	LLC mited 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	nis matter to the following:	
JOHN W. HILL (Name of Person)		
HILL BASHAW GROUP, LLC (Firm/Company)		
1105 WEST HOWARD STREET		
(Address)		
LIVE OAK, FLORIDA 32064	·	
(City/State and Zip Code)		
For further information concerning this matter	r, please call:	
JOHN W. HILL	at (386) 362-3300	
(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	g amount:	
<b>✓</b> \$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 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.

agent, or both, in the State of Florida.		J
1. The name of the limited liability company is:	HILL BASHAW GROUP, LLC	·
2. The mailing address of the limited liability con	mpany is : 1105 WEST HOWARD STREE	T, LIVE OAK, FL 32064
		··
OCTOBER 14, 2005	L05000101603	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the regist Florida Department of State:	ered office address as shown on the rec	cords of the
JASON N. BASH		
1105 WEST HOW	Name ARD STREET	
A	Address	<b>0</b>
LIVE OAK, FLORIDA 32064 City, State and Zip		SECF ISIO
• •	•	CRETA ION O
6. The name and address of the new registered ag	ent and/or office:	FIL. DF CI <b>28</b>
JOHN W. HILL		
	Jame	0f \$1/ 28 08 9 PH 12:
1105 WEST HOWARD STREET  Florida street address (P.O. Box NOT acceptable)		> ∃≦
Florida street address	(P.O. Box NOT acceptable)	
LIVE OAK	FL 32064	
City, St	tate and Zip	
If the limited liability company is not organized use confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability (Signature of a member or authorized representative of a member of a	ade, the Florida street address of the reg il be identical. Or, in the case of a Flori change(s) was/were authorized by an a or as otherwise provided in the articles company.	gistered office
JOHN W. HILL	_	
(Printed or typed name of signee)		
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fix address. I hereby confirm that the limited liability	ent and agree to act in this capacity. I to the proper and complete performant of my position as registered agent as p iled to merely reflect a change in the re company has been notified in writing	further agree to ce of my duties, provided for in gistered office of this change.
(Signature of Registered Agent)	<del></del>	

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