L0000001015

(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
☐ PICK-UP ☐ WAIT ☐ MAIL		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporation	s
SUBJECT:	Hallmark Financial Services, 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	e concerning this matter to the following:
Rhonda S	. Rowe
Name of Per	son
Hallmark Financia	
3731 NE Pine	apple Ave
Jensen Beach City/State and Z	
dawnginter@ren E-mail address: (to be used for futu	arhomes.com re annual report notification)
For further information concern	ing this matter, please call:
Rhonda S. Rowe	ut (
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cit Tallahassee, Florida 3230	Registration Section Division of Corporations P.O. Box 6327 rcle Tallahassee, Florida 32314
Enclosed is a check for	the following 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 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. Name of the limited liability company:	Hallmark Financial Services, LLC	
2. (a) Principal office address of limited liability	company: 3731 NE Pineapple Ave	
(Note: MUST BE STREET ADDRESS)	Jensen Beach, FL 34957	
(b) Mailing address of limited liability compar	ny: <u>SAme</u>	
(Note: MAY BE POST OFFICE BOX)		
3. Date of filing/registration in Florida	L0600001075 4. Document number	
5. (a) Registered Agent and Registered Office sh	nown on the records of the Florida Dept. of State:	
Registered Agent:	M. Lanning Fox	
Registered Office Address:	3473 SE Willoughby Blvd Stuart, FL 34994	
(b) Enter name of <u>NEW Registered Agent</u> an <u>NEW</u> Registered Agent:	d/or NEW Registered Office address: Arden Doss, Jr.	
NEW Registered Office Address:	3731 NE Pineapple Ave	
(MUST BE FLORIDA STREET ADDRE	SS) Jensen Beach, FL 34957	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
Arden Doss, Jr.		
Printed or typed name of signee		
I hereby accept the appointment as registered age 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 finadress. I hereby confirm that the limited liability	ent and agree to act in this capacity. The agree to to the proper and complete performation for a duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office 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