

L0700000 55832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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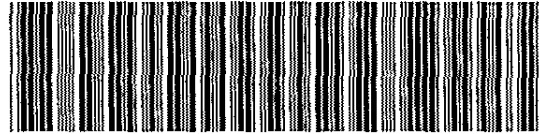
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAWKS POND ENTERPRISES, LC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAN MILLER
(Name of Person)

HAWKS POND ENTERPRISES, LC
(Firm/Company)

5410 PARK RD. #2 1
(Address)

FT. MYERS FL 33908
(City/State and Zip Code)

For further information concerning this matter, please call:

JAN MILLER at (239) 691-0090
(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:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & 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. The name of the limited liability company is: HAWKS POND ENTERPRISES, LC

2. The mailing address of the limited liability company is : 18900 SERENOA CT
ALVA FL 33920

5/25/2007
3. Date of filing/registration in Florida

L07000055832
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

ROBERT PARKER SR
Name
18900 SERENOA CT
Address
ALVA FL 33920
City, State and Zip

6. The name and address of the new registered agent and/or office:

JAN MILLER
Name
5410 PARK RD. #2
Florida street address (P.O. Box NOT acceptable)
FT. MYERS FL 33908
City, State and Zip

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.

Jan Miller
(Signature of a member or authorized representative of a member)

JAN MILLER
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jan Miller
(Signature of Registered Agent)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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