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COVER LETTER

то:	Registration Section Division of Corporations		
			6 4 : Py
SUBJ	D. H. Hamilton Consulting, LLC JECT:		
	Name of L	imited L	iability Company
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered Office Ch	ange and	fee(s) are submitted for filing.
Please	e return all correspondence concerning this matt	er to the	following:
David	I H. Hamilton		
***	Name of Person		
D. H.	Hamilton Consulting, LLC		
	Firm/Company		
11303	3 Shipwatch Lane, Unit 1860		
	Address		
Largo	o, FL 33774		
	City/State and Zip Code		
dhhar	milton@bcllsouth.net		
	E-mail address: (to be used for future annual re	port notif	ication)
For fi	urther information concerning this matter, please	e call:	
David	i Hamilton	561	385-6536
	Name of Person	<u> </u>	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amou		55 Filing Fee & Certified Copy
	■ \$25 Filing Fee	 3.	55 thing fee & Centilled Copy

INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 20, 2022

D.H. HAMILTON CONSULTING, LLC 11303 SHIPWATCH LANE, UNIT 1860 LARGO, FL 33774

SUBJECT: D. H. HAMILTON CONSULTING, LLC

Ref. Number: L08000044781

We have received your document for D. H. HAMILTON CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather

Regulatory Specialist III

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Letter Number: 622A00020967

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www.sunbiz.org

'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.

1. N	ame of the limited liability company: D. H. Hamilton Co	nsultir	ıg. I	LLC	
2. (a)	11303 Shipwatch Lane, Unit 1860, Largo, FL 33774		(b)	11303 Shipwatch Lane, U	Unit 1860, Largo, FL 33774
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address	of limited liability company: BE POST OFFICE BOX)
	11303 Shipwatch Lane, Unit 1860			11303 Shipwatch Lane, U	Init 1860
	Largo, FL 33774	_		Largo, FL 33774	
	Original date 2/8/2022 Again 6/22/22 & today 10/6/22 See		Ĺ	.08000044781	
3.	Date of filing/registration in Florida	4.	_	Document nu	ımber
5. (a	Corporation Service Company				
o. (a	Registered Agent and Registered Office shown on the records of the	ne Flori	da t	Dept, of State:	
	1201 Hays Street, Tallahassee, Fl 34301				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>55)</u>		202 SAL
	1201 Hays Street.				2022 OCT
	Tallahassee , FL_	34301			
(h . \	Maria Hamilton				OCT 11 AM 7: 20
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office :	ıddı	ress:	7: 2 LORIL
	11303 Shipwatch Lane, Unit 1860, Largo, FL 33774				Ūį.
	NEW Registered Office Address:				
	11303 Shipwatch Lane, Unit 1860				
	Largo . FL	33774			
chang agent was/w the art Sign I here provis the obto men	limited liability company is not organized under the law e or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law authorized representative of a member at a registered agent and agree it is of all statutes relative to the proper and complete pulications of my position as registered agent as provided the reflect a change in the registered office address. I have din writing of this change.	registe oility of the li imited Mee to a perform	red com mit lia aria aria	l office and the business npany, it is hereby confi ted liability company or ability company. Hamilton Printed or type on this capacity. I furthe	office of the registered irmed that the change(s) as otherwise provided in d name of signee ar agree to comply with the um familiar with and accept