L08000046248

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000357452490

01/11/21--01019--003 ++25.00

S TALLENT FEB 1 8 2321 2021 JAN 11 AM 9: 42

RIVER

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations		, ·
			, w
SUBJE	ECT: Hill & Hill Advisors LLC		
	Na	me of Limited I	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Of	fice Change and	I fee(s) are submitted for filing.
Please	return all correspondence concerning the	nis matter to the	following:
ş- ı ·	r - 1211 1		
Edwin	L. Hill Jr. Name of Person		
Hill &	Hill Advisors LLC		
	Firm/Company		
3516 S	horeline Circle		
	Address		
Palm H	larbor, FL 34684		
	City/State and Zip Code		
LARR'	Y@LHILL.NET		
E	-mail address: (to be used for future an	nual report noti	fication)
For fur	ther information concerning this matter	r, please call:	
EDWI	N L HILL JR	at (<u>925</u>) 7884241
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303
	Enclosed is a check for the followin	g amount:	
	■ \$25 Filing Fee	- 5	S55 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 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.

(a)	a) 3516 SHORELINE CIRCLE, PALM HARBOR, FL 34684 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	3516 SF	HORELINE CI Mailing addres (Note: MA		liability co	mpany:
	05/08/08	_	<u>1</u>	_0800004				
	Date of filing/registration in Florida	4.			Document	number		
(a)	CORPDIRECT AGENTS, INC			· · · · · ·				
	Registered Agent and Registered Office shown on the records of the	c Flo	rida	Dept. of Si	late:			
	Parietared Office Address /MICT DE ELOBID 4 CTREET A	nne.	zeev					
	Registered Office Address (MUST BE FLORIDA STREET A.	<u>DDKI</u>	:001					
	12(X) SOUTH PINE ISLAND ROAD				_ _		~>	
	MIAMI, FL , FL ,	33324	<u> </u>				2021 JAH	
							JA	
(b)	EDWIN L. HILL JR. Enter name of NEW Registered Agent and/or NEW Registered (<u> </u>					_	
	Enter thanke of the w Registered Agent and/or New Registered t	лисе	яда	<u>ress</u> :			=	
							9.	
	NEW Registered Office Address:					_	: 42	
	3516 SHORELINE CIRCLE						1 1	
	2010 GHORELINE GREED							
	PALM HARBOR . FLG	34684	1					
								
ange ent v is/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere.	egist oility the l imite	erec con imi d lia	l office a npany, it ted liabil	and the busine is hereby con lity company ompany.	ess office of the office of th	of the reg	istered ange(s)
Signa	ture of a member or authorized representative of a member		۷۷ ري	111 111	Printed or ty	ped name of	signee	
ovisi obl merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he rip writing of this change	e to e erfor for i ereby	act i mai n Ci r coi	n this ca nce of m hapter 60 ifirm tha	pacity. I furt y duties, and i 95, F.S. Or, i ut the limited i	her agree I am famil f this docu liability co	to compliar with a ment is l mpany h	y with the and accep being filed as been

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

nature of Registered Agent