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SECREDARY OF STATE ALLAHASSET FLORID

COVER LETTER

TO: Registration Section Division of Corporations						
Hood Legal Search, LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	ce Change and	fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the	following:				
Theodore J. Hamilton						
Name of Person						
Wetherington Hamilton, P.A.						
Firm/Company						
1010 N. Florida Ave.						
Address	_	_				
Tampa, FL 33602						
City/State and Zip Code						
tjh@whhlaw.com						
E-mail address: (to be used for future annu	ual report noti:	fication)				
For further information concerning this matter,	please call:					
Theodore J. Hamilton	813 at (225-1918 Ext 114				
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	□ s	55 Filing Fee & Certified Copy				
INHS18 (2/14)						

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.

l. Na	ame of the limited liability company: Hood Legal S	earch, LLC				
2. (a)	1207 N. Himes Ave, Suite 1	(b) 1207 N	(b) 1207 N. Himes Ave Suite 1			
. (-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Tampa, FL 33607-5041	Tampa,	FL 33607-50	41		
	07/08/2008		66045			
). : (a)	Date of filing/registration in Florida Lynda K. Hood	4.	Document num	ber		
i. (a)	Registered Agent and Registered Office shown on the records of 1207 N. Himes Ave. Registered Office Address (MUST BE FLORIDA STREET)	·	_ re: _			
	Suite 1 Tampa, , FL	33607-5041	-	177 05 C 3E 0RE T		
(b)	Kimberly J. Ainsworth Enter name of NEW Registered Agent and/or NEW Registered 1207 N. Himes Ave	Office address:	-	26 AH		
	NEW Registered Office Address: Suite 1		-	T: 28		
	Tampa, FL	33607-5041				
he cha agent was/wi he art: Signa I here provisi he obi o mer notifies	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the nurse of a member or authorized representative of a member by accept the appointment as registered agent and agriculations of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do no writing of this change	the registered office ability company, it is of the limited liability continuited liabil	e and the busines is hereby confirm by company or as mpany. Printed or typed no posity. I further or	os office of the registered ned that the change(s) otherwise provided in ASW or A arms of signee		