108000102297

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Office Use Only					

.



03/06/18--01014--017 **55.00

FILED 18 MAR -6 PH 2: 10 Secretary of State tall Allassif, FLORIDA

K SALY MAR - 7 2018

COVER LETTER

÷

TO: Registration Section Division of Corporations

OecoHort, LLC SUBJECT:

7

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 concerning this matter to the following:

Jeffrey G. Norcini

Name of Person

OecoHort, LLC

Firm/Company

726 Riggins Road

Address

Tallahassee, FL 32308-6222

City/State and Zip Code

jeff@OecoHort.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

850 Jeffrey G. Norcini 491-0910 at (Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: **Registration Section Registration Section** Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$25 Filing Fee

☑ \$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.

1. N	ame of the limited liability company:	, LLC	<u> </u>		
2. (a)	OecoHort, LLC	(b)	(b) OecoHort, LLC		
(,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		-	limited liability company: <u>POST OFFICE BOX</u>)	
	726 Riggins Road		726 Riggins Road		
	Tallahassee, FL 32308-6222		Tallahassee, FL 3230)8-6222	
	March 5, 2018	L	08000102297		
3.	Date of filing/registration in Florida	4.	Document nur	iber	
5. (a)	Sue A. Williams				
	Registered Agent and Registered Office shown on the record	is of the Florida D	ept. of State:		
	Registered Office Address <u>(MUST BE FLORIDA STRE</u> 510 Concord Road	<u>EET ADDRESS)</u>		SECT	
(b)	Tallahassee	. FL 32308		STERNE T	
	Jeffrey G Norcini			HARTOF	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	iered Office addr	<u>F33</u> :	FILED HAR -6 HI 2: 11 HAR OF STATE	
	NEW Registered Office Address:				
	726 Riggins Road				
	Tallahassee	, _{FL} 32308-6	222		
the cha agent v was/w	imited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the member cles of organization or the operating agreement of	iss of the registe ed liability con- ers of the limit the limited lia	ered office and the busine apany, it is hereby confirm ed liability company or as bility company.	ss office of the registered ned that the change(s)	
Signature of a member or authorized representative of a member			Printed or typed name of signee		
I here provis the ob to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as prov elv reflect a change in the registered office address d in writing of this change?	l agree to act in dete performan vided for in Ch s, I hereby con	n this canacity. I forther	area to complexitle the	

Signature of Registered Agent

11

rini

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