L09000001418

(Requestor's Name)								
(Address)								
(611)								
(Address)								
(City/State/Zip/Phone #)								
(Okystate/Elph Hone Ny								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



600370581656

RECEIVED

JUL 26 2021

07/27/21--01011--009 **50.00

08/11/2021 JH

FILED
2021 JUL 26 PH 5: 56
SECRETARY OF STATE

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations					
SUBJECT:	HP PRIME PROPERTIES, LLC. Name of Limited Liability Company					
SOBSET.						
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Office C	Change and	I fee(s) are submitted for filing.			
Please return	all correspondence concerning this ma	itter to the	following:			
MIKE HURL	BURT					
	Name of Person					
HP PRIME P	ROPERTIES, LLC.					
	Firm/Company					
13350 LEWIS	S GALLAGHER RD.					
	Address		<u> </u>			
DOVER, FL.	33527					
	City/State and Zip Code	•				
mh@hcbuildf	florida.com					
E-mail	address: (to be used for future annual i	eport noti	fication)			
For further in	nformation concerning this matter, plea	ise call:				
MIKE HURL		813 t (323-5218			
	Name of Person	. (Area Code & Daytime Telephone Number			
Reg Divi P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the following ame	ount:				
■ S:	25 Filing Fee	0 9	555 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.

2. (a)	ame of the limited liability company: HP PRIME PROPER 12713 SAINT FRANCIS LN. THONOTOSASSA,FL. 33592		(b) 12713 SAINT FRANCIS LN. THONOTOSASSA, FL			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			·/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
				12713 SAF	NT FRANCIS LN.	
				THONOTO	NOTOSASSA, FL 33592	
	05/18/2021			L09000001418		
3.	Date of filing/registration in Florida	4.			Document number	
5. (a)	JASON B. POE					
(-)	Registered Agent and Registered Office shown on the records of	he Flo	rid	a Dept. of State	- #:	
	12713 SAINT FRANCIS LN, THONOTOSASSA, FL 33:	592				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 12713 SAINT FRANCIS LN.				FILED RY S. 5. TALLAHASSEE, FLORE LANGESTEE, FLORE LANGES	
	THONOTOSASSA , FL 33592				E PER LES	
(b)	MIKE HURLBURT			-	· 是 D	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	ad	dress:	- 25 v	
	13350 LEWIS GALLAGHER RD. DOVER, FL. 33527					
	NEW Registered Office Address:				-	
	13350 LEWIS GALLAGHER RD.					
	DOVER, FL	33527	7			
agent v	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law law.	regist bility f the limite	ere co lim ed l	ed office and ompany, it is uited liability	I the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in apany.	
Signa	ture of a member or authorized representative of a member	_	•		Printed or typed name of signee	
the obl	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I have the following of this change.			תנואמזה סתמה	THE OC ANA I AM TAMELLAR WITH AND ACCOME	