(Re	equestor's Name)				
(Ac	ddress)				
(Ad	ddress)				
(Ci	ity/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(D	ocument Number	)			
Certified Copies	Certificate	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



900321601619



12.16/18--01011--006 \*\*25.00

23 Es. > PRATHER

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: H.B.J.S. VE GSQUEZ, LLC.  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:						
Jame Velasquez Name of Person						
H.B.J.S. Velasquez, UC						
4990 SW 148th Ave						
Southwest Ranches FL.33330  City/State and Zip Code  jav726 E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Scyndra Velasquez at 305, 3089655  Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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:						
<b>Y</b> \$25 Filing Fee						

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

rioriaa	l	^	1 1		
l. Na	me of the limited liability company: H. B. J.	<u>5. \</u>	lelasq	vez UC.	
2. (a)		(b)			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			ing address of limited liab	
	4990 SW 148th Ave		4990	SW 1484	hAve.
	Southwest Ranches, FL.		South	west Ranch	us, FL-3333
	11/16/2009		L 00	90001098	19
3.	Date of filing/registration in Florida	4.	Do	ocument number	
5. (a)	Jaime Velasquez				
	Registered Agent and Registered Office shown on the records of the	Florida I	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)			~
	4990 SW 148th Ave.			35	018
	Southwest Ranches , FL	33	<u> 330 </u>	TEAHAS	F 1 1 2018 DEC 18
(b)	Sandra L. Velasque	2 <b>Z</b>		HVSS	8 1
(-)	Enter name of NEW Registered Agent and/or NEW Registered Of	ffice add	ress:	rn in The	ö O
	Sandra L. Velasque	2		75	25
	NEW Registered Office Address:				
	4990 SW 148th Ave.				
	Southwest Ranches, FL	33	330 <u></u>		
If the li	imited liability company is not organized under the laws inge or changes are made, the Florida street address of th	of the S	State of Florid	la, it is hereby confirmed the business office	ned that after
agent v	vill be identical. Or, in the case of a Florida limited liab	ility cor	npany, it is he	ereby confirmed that t	the change(s)
was/we the arti	ere authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the line.	mited li	ability compai	nv.	
	AJHE J. VE/ASG I		ITai	me Velas inted or typed name of sign	aue7
Signal	ture of a member or authorized representative of a member	-	Pri	inted or typed name of sig	ned
provisi the obl to mere	by accept the appointment as registered agent and agree on so fall statutes relative to the proper and complete persons of my position as registered agent as provided fely reflect a change in the registered office address, I held in writing of this change.	to act i erforma for in C reby co	in this capacit nce of my duti hapter 605, F. nfirm that the	ty. I further agree to ies, and I am familiar .S. Or, if this docume limited liability comp	comply with the with and accept ent is being filed pany has been

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