610000008850

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
. (Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	A .	LUNT
	•	-9 2010
	EXA	MINER

Office Use Only



600188421656

12/08/10--01006--019 **55.00

2018 DEC -8 AM II: 82 SEGNOJANY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: H. B. TECHNICAL C. Name of Lim	SERUICES LLC nited 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:	
BRONWYNE J. BRUWER	<u> </u>	
PATHWAY CONSULTING	LLC ES ES	
Firm/Company /4080 WATER VILLE CIRCLE Address	DEC -8	
TAMPA FL 33626 City/State and Zip Code	man v Time, • • •	
PATHWAY LONGULTING (OME. E-mail address: (to be used for future armual report notific	cation)	
For further information concerning this matter, p	please call:	
BRONWYNE J BRUWER at	(813) 382 8377	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following a	mount:	
\$25 Filing Fee	\$55 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 608.416 or 608.508, 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. Name of the limited liability company: H. B. TE	CHWICAL SERVICES, LAC
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	1411 CAUENDISH DRIVE APTIOZ TAMPA, FL 33626
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	9411 CAUCNDISH DRIVE APT 102 JAMPA, PL 33626
22 JANUARY 2010 3. Date of filing/registration in Florida	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	BRONWYME J. BRUNGE
Registered Office Address:	BRONWYNE S. BRUNER 9656 GRETNA GREEN DR JAMPA, FL 33626
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14080 WATERVILLE CARLE
<u> MUSI BE PLORIDA STREET ADDRESS</u>	19MP9 FL 334-26
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a parameter or authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida finited was/were authorized by an affirmative vote rwise provided in the articles of organization
Printed or typed name of signee	_ 2
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company. Signature of Registered Agent	
Signature of Registered Agent	

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