H100000044153

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TALLAHASSEE, FLORIDA

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S. PRATHER

COVER LETTER

TO: Registration Section

Divi	sion of Corporations								
SUBJECT:	HOGAN BIRD, LLC								
SOBSECT.	Name of Limited Liability Company								
Dear Sir or N	Madam:								
The enclosed	d Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.						
Please return	all correspondence concerning th	is matter to the f	ollowing:						
Charles A	. Carlson, Esq.								
	Name of Person		_						
Older, Lur	ndy, Koch & Martino								
	Firm/Company		_						
1000 W. C	Cass Street								
	Address								
Tampa, FI	orida 33606								
	City/State and Zip Code		_						
ccarlson@	olalaw.com								
E-mail	address: (to be used for future and	ual report notific	cation)						
For further in	nformation concerning this matter	, please call:							
Charles A.	Carlson, Esq.	at (813	254-8998						
	Name of Person	(Area Code & Daytime Telephone Number						
STR	EET/COURIER ADDRESS:	MA	ILING ADDRESS:						
	stration Section	istration Section							
	sion of Corporations	Division of Corporations							
	on Building	P.O	P.O. Box 6327						
2661	Executive Center Circle	Tallahassee, Florida 32314							
Talla	nhassee, Florida 32301								
Encl	osed is a check for the following	g amount:							
☑ \$2	25 Filing Fee	□ \$5:	5 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. Na	ume of the limited liability company: HOGAN BIRD	, LLC	С					
2. (a)	c/o Charles A. Carlson / Older, Lundy, Koch &	Ž.	(b) ¹	c/o Cha	ırles A. Carlso	n / Older	, Lundy	, Κ ος
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)_		Mailing address of li (Note: MAY BE)	mited liabili	ty compan	y:
	1000 W. Cass Street		•	1000 W	. Cass Street			
	Tampa, FL 33606	_	- -	Tampa,	FL 33606			
	04/26/2010		L	100000	44153			
3.	Date of filing/registration in Florida	4.			Document num	ber		
5. (a)	Accounting Resources and Management Ser	vice	s, Ll	LC				
J. (a)	Registered Agent and Registered Office shown on the records of the	ne Flor	rida D	ept. of Stat	– le:			
	34921 US-19 N							
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u> </u>					
	STE 210							
	Palm Harbor, FL_	3468	B4	•	_			
						₩.		
(b)	Enter name of NEW Registered Agent and/or NEW Registered				-	Ē.	2022	
	Enter name of NEW Registered Agent and/or NEW Registered	omee	Maare	<u>:53</u> ,			JU.	
	Charles A. Carlson, Esq.					ALLABASSEE, FLORID	12 NOT 8808	
	NEW Registered Office Address:				_	$\overline{\Omega}_{i}^{\zeta}$:. D
	1000 W. Cass Street					F1.0	ι; ⊒:	ر
	Tampa	3360)6		_	ALC:	: 10	
					_			
the cha agent v was/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the re bility the l imite	egiste com limite ed lial	red offic pany, it i ed liabilit	e and the busines s hereby confirm by company or as npany.	s office of ed that the	f the regi e change	stered (s)
Signa	Signature of a member or authorized representative of a member				Printed or typed na	ame of signe	e	
I here provisi the obi to mer notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change. Charles H. Carlson The of Registered Agent	ee to e perfor for it ereby	act in rman n Chi r conj	this cap ce of my apter 603 firm that	acity. I further a duties, and I am 5, F.S. Or, if this the limited liabil	igree to co familiar w documen ity compa	omply wi vith and d t is being ny has b	th the accept g filed een

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