L10000054009

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AUG 1 2 2014 C. CARROTHERS

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	SUBJECT: HARTMAN PROPERTIES, LLC Name of Limited Liability Company					
	Name of Limited Erability Company					
Dear Sir	or Madam:					
The encl	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please re	eturn all correspondence concerning this matte	er to the following:				
Do	Name of Person					
						
	Firm/Company					
29	107 Elmer Dr Address					
Br	City/State and Zip Code	12				
K5D E-1	nail address: (to be used for future annual rep	ort notification)				
For further information concerning this matter, please call:						
Dew	il Hartman at (727) 1:(2)-1247 Area Code & Daytime Telephone Number				
 	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
1	Enclosed is a check for the following amount:					
	2 \$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. Na	ame of the limited liability company: HARTMAN	PRO	PERTIES, LLC			
2. (a) 1310 HAMLIN DRIVE			(b) 1310 HAMLIN DRIVE			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	CLEARWATER, FL 33764		CLEARV	NATER, FL 33764		
	05/19/2010		L1000005	54009		
3.	Date of filing/registration in Florida		4.	Document number		
5. (a)	HARTMAN, DAVID					
J. (u)	Registered Agent and Registered Office shown on the record	s of the	Florida Dept. of Stat	_ te:		
	1310 Hamlin Drive			And the same		
	Registered Office Address (MUST BE FLORIDA STRE	ETAD	DRESS)			
	Clearwater	 . FL	33764			
(b)	InCorp Services, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 17888 67th Court North	ered Of	fice address:	AHIO: 37		
	NEW Registered Office Address:			_		
	Loxahatchee	, FL	33470	_		
the cha agent was/we the arti	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 membericles of organization or the operating agreement of	s of the ad liabi ers of the	e registered offic lity company, it i he limited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in an apany.		
I here provisi the obi to mer notifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address of my riting of this change. On behalf of Income of Registered Agent			Printed or typed name of signee vacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been		

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