

L10000124961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

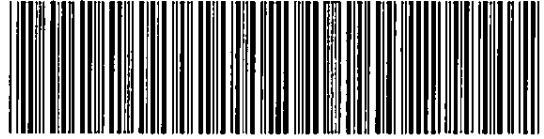
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SECRETARY OF STATE
TALLAHASSEE, FL

Ra Change

APR 19 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAS Inspections 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:

Janda Fussell
Name of Person

HAS Inspections LLC
Firm/Company

12905 S CR 39
Address

Lithia FL 33547
City/State and Zip Code

j.fussell@hasinspections.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janda Fussell at (813) 753-5500
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

*Already paid
\$35.00*

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SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2024

JANDA S FUSSELL
HAS INSPECTIONS, LLC
12905 CR 39 SOUTH
LITHIA, FL 33547

SUBJECT: HAS INSPECTIONS, LLC
Ref. Number: L10000124961

We have received your document for HAS INSPECTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 424A00002239

We have paid

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. Name of the limited liability company: HAS Inspections LLC

2. (a) 12905 S CR 39, Lithia, FL 33547 (b) 12905 S CR 39, Lithia, FL 33547
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 12/06/2010 Date of filing/registration in Florida 4. L 10000124961 Document number

5. (a) Herschel A Shirley
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

12905 S CR 39, Lithia, FL 33547 ^{HAS}
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Lithia, FL 33547

(b) Janda S Fussell
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

12905 S CR 39
NEW Registered Office Address:

Lithia, FL 33547

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 TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Herschel A Shirley
 Signature of a member or authorized representative of a member

Herschel A Shirley
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Janda S Fussell
 Signature of Registered Agent