L110000 24746

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COVER LETTER

Division of Corporations	
SUBJECT: How II LLC	ed Liability Company
Name of Little	ed Clability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Name of Person AA HOLII LLC Firm/Company	
Address Tyvares F1 3277 City/State and Zip Code	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please call	l: 29
JEAN Suggs at (S	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	☐ \$55 Filing Fee & Certified Copy
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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: Hol II Lle
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tavares, F/ 32778 Tavares, F/32778
3.	April 10 2016 L/100024746 Date of filing/registration in Florida 4. Document number
5. (a)	Tead S. Suggs Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 22051 N. O. Brien Rd Howey-in-the-Hills, FL 34737
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	26603 West Core Drive NEW Registered Office Address: Tavares F132778
	Tavares , FL 32778
the cha agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in one of the operating agreement of the limited liability company.
Signat	ure of a member or authorized representative of a member Team S. Sugas Printed or typed name of signet
I herel provision the oblit to mere notifica	on accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.