L110000 13523

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Old Control Pr. Hone H)
PICK-UP WAIT MAIL
(Business Entity Name)
(See Line), Famo,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800397348788

2022 NOV 14 AM 9: 37

2022 NOV 14 AM 11: 30

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.	:	1200000001	.95
REFERENCE	:	129839	8397528
AUTHORIZATION	:		1
COST LIMIT		\$ 25,000ell	Kenan
ORDER DATE: November 10, 2022			
ORDER TIME : 7:52 AM			
ORDER NO. : 129839-005			
CUSTOMER NO: 8397528			
			·
CHANGE OF AG	<u>GEN</u>	<u>r</u>	
NAME. II II HOLDINGG	1477	NIA CIENNIENTE I	I C
NAME: H.H. HOLDINGS	MAI	NAGEMENI, I	יניר
PLEASE RETURN THE FOLLOWING AS	PRO	OOF OF FILI	NG:
CERTIFIED COPY XX PLAIN STAMPED COPY			
VV - LTWIN 21WMAED COAL			
CONTACT PERSON: Alexxis Weilar	nd -	EXT#	

EXAMINER:

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	H.H. HOLDINGS MANAGEM	IENT, LLC	
2020		Name of Limited L	Liability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.
Please re	eturn all correspondence concernin	ig this matter to the	following:
MARGA	RET B BUNTA		
	Name of Person		
н.н. но	LDINGS MANAGEMENT, LLC		
	Firm/Company		
103 WIL	LITS WAY #102		
	Address		
BASALT	, CO 81621		
	City/State and Zip Co	de	
pegal2@	verizon.net		
E-n	nail address: (to be used for future	annual report notif	ication)
For furth	er information concerning this ma	tter, please call:	
Joslyn V	. Wood	970 at (963-3800
	Name of Person	** (Area Code & Daytime Telephone Number
[}	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
F	Enclosed is a check for the follow	ving amount:	
5	\$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: H.H. HOLDING	S MANA	GEMENT, LI	LC			
2. (a)	103 WILLITS WAY #102	a	o)				
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	BASALT, CO 81621						
	6/23/2011		L11000073	523			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	BUNTA, MARGARET B						
J. (u)	Registered Agent and Registered Office shown on the records of 4009 FOUNDERS CLUB DRIVE	the Florida	a Dept. of State	****	2022 NOV 1 4	F-\$-\$-\$1	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>S)</u>	AHA	07 1.4 1 A0		
	SARASOTA , FI	34240					
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office ad	dress:				
	NEW Registered Office Address:	_					
	1201 Hays Street						
	Tallahassee , FL	32301					
change agent v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability co of the lim	ed office and impany, it is lited liability	the business office of hereby confirmed that company or as others	f the regist t the chan	tered ge(s)	
M4	sant & Burla	MAI	RGARET B		 		
	ture of a member or authorized representative of a member			Printed or typed name of s	-		
provisi the obl to merc	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I h I in writing of this change.	ree to act performe d for in C hereby co	in this capa ance of my d Chapter 605, onfirm that th	city. I further agree to uties, and I am familio F.S. Or, if this docun he limited liability con	o comply i ar with an nent is bei npany has	with the d accept ing filed been	
Signatu	www. Willow assistena wa president						