L110000 86640

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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19 APR -5 PN ID-29

15 APR -5 PN ID-29



COVER LETTER

| TO: Registration Section Division of Corporations | • |
|--|---|
| Hannibal Real Estate LLC | |
| | e of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Offic | ce Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this | s matter to the following: |
| Jean-Luc Verbaet | |
| Name of Person | |
| Firm/Company | · |
| 12432 Lake Denise Blvd | |
| Address | |
| Clermont, FL 34711 | |
| City/State and Zip Code | |
| lbm.bonny@cfl.rr.com | |
| E-mail address: (to be used for future annu | ual report notification) |
| For further information concerning this matter. | please call: |
| Bonny Bowyer CPA | 352 243-1238 |
| Name of Person | 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 |
| Enclosed is a check for the following | amount: |
| ■ \$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.

| a) . | | _ (| b) | | |
|---------------------|--|--|--|---|--|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | | <u> </u> | | | |
| | 07/28/2011 | | L110000 | 86640 | |
| | Date of filing/registration in Florida | 4. | | Document number | |
| (a) | Dean R Orr | | | | |
| (a) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | |
| | 250 International Parkway, Suite 254 | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRES | <u>S)</u> | _ | |
| | | | | 2 5 | |
| | Lake Mary | 32746 | 3 | MR-5 PHIO | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| (b) | Bonny Bowyer CPA | | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | 1 Office 8 | uaress: | ब्रि क्स क | |
| | Logan Bowyer & McCullough PA | | | 29 104 | |
| | NEW Registered Office Address: | | | _ | |
| | 1645 E Highway 50, Suite 202 | | _ | _ | |
| | Clermont | 3471 | 1 | | |
| cha ent v s/w | imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | f the reginability of the line limited | distered offic company, it mited liabili | ce and the business office of the registe is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. | |
| igna | ture of a member or authorized representative of a member | | | Printed or typed name of signee | |
| iere Ovis | by accept the appointment as registered agent and ag ions of all statules relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, I | ree to a e perfor ed for in | ct in this ca mance of my Chapter 60 | pacity. I further agree to comply with i y duties, and I am familiar with and acc 35, F.S. Or, if this document is being fi | |

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

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