## L1200000440

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Huck Estate, LLC  Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
	·	
ALCOLD LL		
Mame of Person		
Firm/Company	<del></del>	
20 Governors Rd #2826 Address		
Hilton Head SC 29928 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Alfred Huck at (440) 220-1657  Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
[\overline \text{\text{\$\sigma}} \square \text{\$\sigma} \$\si	\$55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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3.

(Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	Same a SPANOVE
1/3/2012	L 12000000 CENT & CO.
Date of filing/registration in Florida	4. Document number

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

Registered Agent:

Registered Office Address:

| 1521 Riverside Ave, Fl. 3

(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>:

<u>NEW Registered Agent</u>:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

3001401 Street Soluth

Streeters by 5, FL 337//

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.

Signature of a member or authorized representative of a member

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 608, 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.

Signature of Registered Agent