## L1200035995

| (Requestor's Name)                      |                |           |  |  |  |  |
|---|----------------|-----------|--|--|--|--|
| (Address)                               |                |           |  |  |  |  |
| (Address)                               |                |           |  |  |  |  |
| (City/State/Zip/Phone #)                |                |           |  |  |  |  |
| PICK-UP                                 | ☐ WAIT         | MAIL      |  |  |  |  |
| (Business Entity Name)                  |                |           |  |  |  |  |
| (Document Number)                       |                |           |  |  |  |  |
| Certified Copies                        | _ Certificates | of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                |           |  |  |  |  |
|   |                |           |  |  |  |  |
|   |                |           |  |  |  |  |
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Office Use Only



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SECRETARY OF STATE

ALLAMASSEE TO COLOR

K. SALY MAR 11 2018

## **COVER LETTER**

| Division of Corporations  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| SUBJECT: HN TMALING TECHNOLOGIES  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:   |  |  |  |  |  |  |
| HEATHER NEWTON  Name of Person  |  |  |  |  |  |  |
| HN IMALING TECHNOLOGIES Firm/Company  |  |  |  |  |  |  |
| 103 East EMM STREET Address   |  |  |  |  |  |  |
| LADY LAKE, FL 32159<br>City/State and Zip Code  |  |  |  |  |  |  |
| HNEWTON 1974 @ YAHOO. (M) E-mail address: (to be used for future annual report notification)  |  |  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |  |  |
| HEATHER NEWTON at (407) U21-1917  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 & 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   | me of the limited liability company:  | NAH  | ING TEZHNO  | oldhies, LLC   |
|------------------|--|---|--|---|--|
| 2.               | (a)  | 103 East LEMON STREET   | _ (b)  | 103 E.  | 1Emm St.   |
|                  | , ,  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | - ` ` '  | Mailing address   | of limited liability company: BE POST OFFICE BOX)  |
|                  |  | LADY LAYE, EL   |  | LADY L  | AKEI FI  |
|                  |  | 32159   | -  |   | 32159  |
|                  |  | 3/14/12   | -  | LIZNOGO   | <del></del><br>35995   |
| 3.               |  | Date of filing/registration in Florida  | 4.   | Document no   | umber  |
| 5.               | (a)  | UnitED STATES (ORPORAT  | MOII   | ALENTS, I   | INC  |
|                  |  | Registered Agent and Registered Office shown on the records of the  | e Florida I                                    | Dept. of State:   |  |
|                  |  | Registered Office Address (MUST BE FLORIDA STREET AD  | DDRESS)  |   |  |
|                  |  | TAMDA   |  |   | SEC 8  |
|                  |  |   | <u>~~</u>                                      | 1012  | 景五   |
|                  |  | , FL_   |  | 010   | AR -9 PH 2: 41 TARY OF STATE HASSEE, FLORID  |
|                  | (b)  | HEATHER NEWON   |  |   | F P P  |
|                  | Enter name of NEW Registered Agent and/or NEW Registered Office address: |   |  |   | 2: 4<br>ORIE   |
|                  |  | 103 E. LEMM STREE   | ;T   |   | ₽# <b>=</b>  |
|                  |  | NEW Registered Office Address:  |  |   |  |
|                  |  |   |  |   |  |
|                  |  | LADY LAKE, FL   | 37   | -159  |  |
| the<br>ago<br>wa | cha<br>ent w<br>s/we   | mited liability company is not organized under the laws<br>nge or changes are made, the Florida street address of the<br>fill be identical. Or, in the case of a Florida limited liab<br>are authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the li | he regist<br>vility cor<br>the limi            | tered office and the busi<br>mpany, it is hereby conf<br>ted liability company or                                 | iness office of the registered firmed that the change(s)   |
|                  |  | leather Mentina   | )<br>  | teuther N   | ENTON  |
|                  |  | ure of a member or authorized representative of a member  | 1  | ••  | ed name of signee  |
| the<br>to<br>to  | ovisi<br>obli<br>mere<br>tified  | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I he is in writing of this change.   | e to act i<br>erforma<br>for in Ci<br>ereby co | in this capacity. I furth<br>nce of my duties, and I d<br>hapter 605, F.S. Or, if i<br>nfirm that the limited lid | er agree to comply with the<br>am familiar with and accept<br>this document is being filed<br>ability company has been |