## L12000078457

(Re	equestor's Name)				
(Address)					
(Ac	ldress)	_			
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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## COVER LETTER

TO: Registration Section Division of Corporations						
·	4.;·					
SUBJECT: UL HART	HOLDING, LLC					
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 may	tter to the following:					
lashing Hara						
Name of Person						
A						
Il Hart Holding Llc						
Firm/Company						
1 Newson Rd						
Address	<del></del>					
	_					
Ocala, FL 344	<del>80</del>					
City/State and Zip Code						
britt@humuzz.com	3					
E-mail address: (to be used for fature annual re	port notification)					
For further information concerning this matter, pleas	e call:					
Joseph II.	11/2 2100					
Joshua Hart at Name of Person	(352) 445-3109 Area Code & Daytime Telephone Number					
Name of Leison						
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle	Tallahassee, Florida 32314					
Tallahassee, Florida 32301						
Enclosed is a check for the following amount;						
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

## 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:	tart	Holding	Llc	
2. (a)	1 Aspen Rd	(b)_	1 Aspen	Rd	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address (Note: MAY	of limited liab	
	Ocala FL		Ocala,	FL	
	34480	_	34	1480	
				-1	
3.	Max 13, 2017 Date of filing/registration in Florida	_	L1200007		·
	Queria II Ilan	4.	Document n	lumber	
5. (a)	Registered Agent and Registered Office shown on the records of the	e Florida D	ept. of State:		
	1 Aspen Rd				
	Registered Office Address  (MUST BE FLORIDA STREET AI	DDRESS)			
	<u>Cooleesse</u>	<u>-</u>	- ( DAD		
	Ocala, FL	34	480	<b>5</b>	
(b)	Joshua Hart			L Z	Į J
(-)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addre	<u></u>	HAS	<b>S</b>
	1 Aspen Rd.			ÑΥ O	~ [
	NEW Registered Office Address:	<del>,</del>		FLC	
			<u></u>	RA D	
	Ocala .FL	21/	(P1)	<i>p</i> . "	
		<del>- 7</del>	70 <u> </u>		
the cha	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the	he registe	red office and the bus	iness office (	of the registered
was/we	vill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of	the limite	d liability company or	firmed that the ras otherwise	ne change(s) se provided in
the arty	cles of organization or the operating agreement of the li			12.	
_	ure of a member or authorized representative of a member		Printed or type		
I hereb proviși	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p	e to act in erforman	this capacity. I furth ce of my duties, and I	er agree to c am familiar	comply with the with and accept
ine obli to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a charge by the registered office address, I he in writing of this flange.	jor in Che reby conf	apier 605, F.S. Or, if . Irm that the limited li	inis aocumei ability comp	ni is being filed any has been
Signatur	e of Registered Agent				

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