## L12000101725

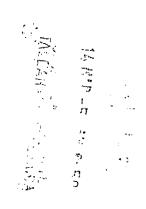
(Requestor's Name)						
(Address)						
(Address)						
(Cit	:y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



400257356104

03/05/14--01016--014 \*\*55.00



A STANCE MAR OF STANCE A.

## **COVER LETTER**

TO:	Registration Section Division of Corporations	a see				
SUBJI	HOBE SOUND ART GALLI	ERY, LLC				
Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the following:				
ROBI	ERT M. LUMPP, MGR					
	Name of Person	<u> </u>				
нові	E SOUND ART GALLERY, LLC					
	Firm/Company					
11870	O SE DIXIE HWY					
	· Address					
HOBI	E SOUND, FL 33455					
	City/State and Zip Code	<del></del>				
capta	inrml@yahoo.com					
Е	-mail address: (to be used for future and	ual report notification)				
For fur	ther information concerning this matter	please call:				
ROBE	ERT M. LUMPP	772 341-1343				
	Name of Person	Area Code & Daytime Telepho	one Number			
	STREET/COURIER ADDRESS:	MAILING ADDRESS:				
	Registration Section	Registration Section				
	Division of Corporations	Division of Corporations				
	Clifton Building	P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	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.

1. Na	ame of the limited liability company: HOBE SOUR	ND AR	GALLER	Y, LLC			
2. (a)	11870 SE DIXIE HWY	(	11870 \$	SE DIXIE H	WY		
( )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		/	Mailing address of (Note: MAY)		-	
	HOBE SOUND, FL 33455		HOBE S	SOUND, FL	33455		
	08/06/2012		L120001	01325			
3.	Date of filing/registration in Florida	4.		Document nu	ımber		
i. (a)	ROBERT M. LUMPP, MGR, SARAH M. LU	MPP, N	IGRM				
· (u)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of Stat	- e:			
	8431 SE DUNCAN ST, HOBE SOUND, FL	33455					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	-			
	11970 SE DUNCAN ST						
	HOBE SOUND FI	33455		-			
(b)	The CANDALO AND A MARKET NEW YORK AND A MARK	1.0.00		-	( )		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office ac	i <u>dress</u> :			- Trans	
	ROBERT M. LUMPP, MGR				• •		
	NEW Registered Office Address:			-		'n	٠
	11870 SE DIXIE HWY					~ <b>m</b>	
				-		?	
	HOBE SOUND	33455			Grand Box Mari	л Э	
he cha gent v vas/we he arti	imited liability company is not organized under the launge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members clos of organization or the operating agreement of the	f the regi iability co of the line limited	stered office ompany, it is nited liabilit	e and the busing the hereby confinence of the	ness office rmed that as otherw	e of the the ch ise pro	e registere ange(s)
~	ture of a member or authorized representative of a member			Printed or types		_	
provisi he obl o mere otifik	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I tim witing at this trange.  The following agent	ree to ac e perform ed for in t hereby c	t in this cap ance of my Chapter 605 onfirm that	acity. I furthe duties, and I a i, F.S. Or, if t the limited lia	r agree to m familia his docum bility com	comp r with ent is spany l	ly with the and accep being filed as been

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