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COVER LETTER

TO: Registration Section Division of Corporations

ingham UC SUBJECT: Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amber Johnson

Name of Person

Crooks Stanford, PLLC

Firm/Company

171 Stonebridge Boulevard

Address

Edmond, Oklahoma 73013

City/State and Zip Code

hullstephen@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Johnson	405 285-8588		
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	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following	g 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

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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. Name of the limited liability company: Hull House on Burn	ind	an.
2. (a) (b)	-0-	- 1
Principal office address of limited liability company: Mailing address of limited liability (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFF		<i>ک</i> ر
740 Waters Edge Way 240 Waters 8	dari	الط
Oak point, TX 15008 Oak Point, TX-	1500	<u> </u>
3. Date of filing/registration in Florida 4. L1200011152		
At lon annalized whe		
5. (a) COLOCILITION STEM Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
1200 South Pine Island Road		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	77	TAL
	Ē	LA
Plantation , FL 33324	C 29	TAR
(b)		
(b)Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	PĦ 12:	
NORTHWEST REGISTERED AGENT LLC	24	ATE
NEW Registered Office Address:		>
3030 N. Rocky Point Drive, STE 150A		
Tampa, FL_33607		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirme the change or changes are made, the Florida street address of the registered office and the business office of agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member	f the registe e change(s) provided i	ered
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to co provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document to merely reflect a change in the registered office address, I hereby confirm that the limited liability compar notified in writing of this change	mply with 1 ith and acc is being fi 1y has beer	the cept led 1
Signature of Registered Agent Dan Keen - Manager		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
FILING FEE: \$25.00		