## L13000014621

(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Duving Fig. 1)
(Business Entity Name)
(Document Number)
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POLICE ON 8: 23

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: //dz/e/jurst Exter	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
John Hazlehurst Name of Person	
Hazlehurst Enterprises A	LLC
129 E Park St Address	
Cary, NC 27511  City/State and Zip Code	
10/N/haz@acl.com	rt notification)
For further information concerning this matter, please c	alt:
John Hazlehurst at (_a	828 ) 712 - 6164  Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)



September 28, 2023

JOHN HAZLEHURTS 129 E PARK STREET CARY, NC 27511

SUBJECT: HAZLEHURST ENTERPRISES, LLC

Ref. Number: L13000014621

We have received your document for HAZLEHURST ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

ULI 2 1 2023

Letter Number: 323A00022428

## TEMENT 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.

	s the jollowing statement in order to change as regis			1.22 11111
1. Na	une of the limited liability company: HUZ/E	hurst	ENTERPRISES LLC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  215 S Academy 54		Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX 2/6 S Academy 57	
	Cary, NC 27511	<del></del>	Cary, NC 27511	
3.	Date of filing/registration in Florida	4.	L - 13000014621  Document number	
	Hazle Aurit, vehn Livingsta Registered Agent and Registered Office shown on the records	of the Florida Dept.	ot. of State:	
	215 5 Acadomy St, Cary, N Registered Office Address (MUST BE FLORIDA STREE 2506 Bay Isle Dr		TALLAHASSEE	<b>.</b>
	Weston	FL_ <u>3332</u>	T20 ASSEE	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	r <u>ed Office address</u> :	TALLAHASSEE, FLORIDA	]
	NEW Registered Office Address:  2506 /314 Is/r Dr			
	Weston	FL_ 3332	<u> 7</u>	
change agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the	he registered off Tiability compar s of the limited !	ffice and the business office of the register any, it is hereby confirmed that the change I liability company or as otherwise provide	red e(s)
	HAR fo hust		Printed or typed name of signee	
I here provis the ob to mer notific	thy accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provicely reflect a change in the registered office address, along writing of this change.		, ,	ith the accept g filed Seen
Signan	Hy Just Ture of Registered Agent			