## L13000047110

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2024 OCT 31 AM 11: 45

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: HS Miller Family Inventor Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Howard Miller Name of Person	<del></del>
Firm/Company	
16 Franklin cts, Unit D Address	
St Retershurg, Ft 33711 City/State and Zip Code	<del></del>
E-mail address: (to by used for future annual report	rt notification)
For further information concerning this matter, please c	
Housing Miller at (	727 ) 365-4475 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)	

## 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:HSMiller	Family	Invostments, LC
	16 Franklin Cts	ŀ	16 Franklin Cts
(u)	Principal office address of limited liability company:	(0)_	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	UnitD		Unit D
	St Petershurg Ex 33711		St Petershurg Fr 33711
	4/1/2013	_	1130m47710
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of t	the Florida Dej	ept. of State:
	248 Mirror Lake Dr N		
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	
	St Petershung, FL	33701	
			E a TI
(b)	Howard S. Miller	055	
	Enter name of NEW Registered Agent and/or NEW Registered	Ottice addres	SSEE TO
	16 Franklin CtS		FILED 2004 OCT 31 AM 11: 45 TALLAHASSEE. FLORIDA
	NEW Registered Office Address:		
	- Unit D		DA S
	St Petersnurg, FL	22711	
	St Pitershurg, FL		
change agent v was/we	imited liability company is not organized under the law for changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered o bility compa f the limited	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	Havasa Mille. ture of a member or authorized representative of a member		Howard Miller Printed or typed name of signee
_			
provisi the obl to mer	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change	ee to act in t performance I for in Chaj pereby confi	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
Signatu	re of Registered Agent		