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171 Stonebridge Boulevard Edmond, Oklahoma 73013 t (405) 285-8588 f (405) 463-0444 crooksstanford.com

April 2, 2015

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

> *RE:* Change of Registered Agent and Office for Hull and Mcrkle House, LLC

Dear Sir or Madam:

Please find enclosed a Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for Hull and Merle House, LLC along with the \$25 filing fee. Please process and make such changes to reflect the new registered agent on file at your earliest convenience.

Thank you for your attention to this matter. If you have any questions or comments or need anything further, please feel free to contact me.

Sincerely, Amber Johnson

Enclosures

## COVER LETTER

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APR -6 PH 12: 43

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TO: Registration Section Division of Corporations

SUBJECT: Hull and Merkle House, 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 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 amount:

□ \$25 Filing Fee

**S**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.

l. Na	me of the limited liability company:	Hull and I							
2. (a)	Principal office address of limited liab (Note: MUST BE STREET AL		_ (b	)	Mailing add (Note: A	iress of limi			
	240 Waters Edge Way			240	Waters	Edge	Way		
	Oak Point, TX 75068	· · · · · · · · · · · · · · · · · · ·		Oak	Point,	TX 75	5068		
	04/25/2013			L130(	006113	1			
3.	Date of filing/registration in	Florida	4.		Docume	nt numbe	:r		
5 (a)	CT Corporation System								
J. (4)	Registered Agent and Registered Office show	n on the records of t	hc Florida	Dept. of S	inte:				
	1200 Pine Island Rd								
	Registered Office Address (MUST BE FL	ORIDA STREET A	DDRESS	2					
					<b></b>			сл Гр	
	Plantation	FI	3333	24				App	
				*****			ار و ۲۰ و	d'	******** ******** 1
(b)	Enter name of NEW Registered Agent and/o						. • •	ס־	773
	Enter name of NEW Registered Agent and/o	r NEW Registered	Office add	dress:			** \$		و <del>د در</del> ایسیده
	NORTHWEST REGISTERE	D AGENT LLO	С					PH I2: 43	
	NEW Registered Office Address:	·····	<u></u>				\$		
	3030 N. Rocky Point Drive, S	TE 150A			_				
	Tampa	<u>, , , , , , , , , , , , , , , , , , , </u>	33607						
	Tampa	, FL			<u> </u>				
the cha agent v was/we the arti	imited liability company is not organiz inge or changes are made, the Florida s will be identical. Or, in the case of a F ere authorized by an affirmative vote o icles of organization or the operating a ture of a member or authorized representative of	street address of lorida limited lia of the members o greement of the	the regis ibility co if the lim limited l	stered off mpany, i ited liab iability o	Fice and the it is hereby ility compary. Stephen Printed o	business confirmed ny or as o <u>M</u> . r typed num	office o d that the therwise <u>1 / 1 /</u> he of signe	f the re e chang e provid e	gisterec ge(s) ded in
I here provisi the obl to mere notified	by accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered a ely reflect a change in the registered o d in writing of this change	ed agent and agr er and complete gent as provided ffice address, I f	ee to act perform d for in ( hereby co	in this c unce of n Chapter ( onfirm th	apacity. If ny duties, an 505, F.S. On at the limite	further ag nd I am fa r, if this a ed liabilit	ree to ca miliar v locumen y compa	omply v vith an t is bei ny has	vith the d accep ng filed been
Signatu	re of Registered Agent		Dan Ke	een	- Man	ager			

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

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