L13000 100 423

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	_	

Office Use Only



800337520588

12/09/19--01019--014 **25.00



Y SULKER Jal 15 702)

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Haley More	LLC e of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
Omer C. Eyal					
Name of Person					
Haley More, LLC Firm/Company					
6155 Linneal Beach Drive					
Address					
Forest City, FL 32703					
City/State and Zip Code					
remo@t6tactical.com					
E-mail address: (to be used for future annu	ual report notification)				
For further information concerning this matter,	please call:				
Omer Eyal "Remo"	407 252-8300				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314				
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	S55 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 of confidence or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability company: Haley	Mor	e, <u>LL</u>	<u> </u>		
	6155 Linneal Beach Drive	6155 Linneal Beach Drive				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mai	iling address of lim Note: MAYBE PO		
	Forest City, FL 32703		Forest City	rest City, FL 32703		
	10/24/2018	_	1300	20010	+23	
3. 5. (a)	Date of filing/registration in Florida BITMAN, RONNIE J	4.	D	ocument numbe	er	
J. (u)	Registered Agent and Registered Office shown on the records o 255 Primera Blvd	f the Florida	Dept. of State:		20) 57(1)	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 128				2019 DEC -9	77
	Lake Mary, F	L_32746				一河
(b)	Omer C. Eyal Enter name of NEW Registered Agent and/or NEW Registere 6155 Linneal Beach Drive	d Office add	lress:	•	AM 10: 43	D
	NEW Registered Office Address:					
	Forest City, F	L_32703				
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis liability co of the lim	tered office a mpany, it is h ited liability o	ind the business iereby confirme company or as c	office of the red that the char	egisteret ige(s)
/	12-6 C/		er C. Eyal	_		
Signa	ture of a member-or anthorized representative of a member		p	rinted or typed nan	ne of signee	
provisi the obl to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and completing at the proper and completing at the proper and completing at the proper as provided in writing of this change.	io noi iarini	mce a my au	uies ana Lam ii	итише мип и	uuuuuuuuu
Signatu	are of Registered-Agent					
	Division of Corporations • P.O.	. Box 6327	• Tallahasso	e, FL 32314		

FILING FEE: \$25.00