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SECRETARY OF STATE
TALLAHASSEE FLORIDA

n RRUCE AUG 10 2018

COVER LETTER

TO:	Registration Section Division of Corporation	ons			
SUBJE	ECT:		HONGOWNERS FL, LIC		_
Dear Si	ir or Madam:				
The end	closed Registered Agen	t/Registered O	ffice Change and fee(s) are submitted for filing.		
Please	return all corresponden-	ce concerning t	this matter to the following:		
	MICHARIANGRIC Name	still o	DA		
	Name	of Person			
	Firm/C	Company			<u>~</u> 2
130	EDIA SUMMERO	AT VILLA	46 PULLY # 772	VIII.	
	Add	ress	6E PKWY #772	LUNE IANY OF STATE	2018 AUG -3
W	NOSRMERS, FL.	34786		بن ازیر (۲) لبار	70 @#
	City/State	and Zip Code			5
Hs	LPING. HOMEOWI	NSRSFLEI	6MAIL, COM	Şm̂	*
E-	-mail address: (to be us	ed for future ar	nnual report notification)		
For furt	ther information concer	ning this matte	r, please call:		
Mich	AGLANGIO HIJA	DA	at (407) 284 - 9940		_
	Name of Perso	n	Area Code & Daytime Telephone	Numbe	er
	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 33	ns · Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	Enclosed is a check for	or the followin	g amount:		
	S25 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.

I. Name of the limited liability company: Harring Homeown	GAS FL LIC
2. (a) 13506 SUMMERPORT VILLAGE PRWY (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 506 SUMMERPORT VILLAGE PRWY # 772- WINDSAMERE FL. 34786	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida 4.	3000/20064
5. (a) Attorney Cheis Lim, Lic. Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 498 PALM SININGS ON # 100	
ALTAMONE SPINS FL 32701	2018 TALL
(b) MICHAGLANGGLO HIJADA Enter name of NEW Registered Agent and/or NEW Registered Office address:	AUG -3
13506 SUMMERPORT VILLAGE PRWY # 772 NEW Registered Office Address: WIMSANSIE, FL 34786	PH 2: 42 OF STATE E FLORIDA
, FL	₽ ¹¹¹ 2
If the limited liability company is not organized under the laws of the State of Flothe change or changes are made, the Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited liability company, it is was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability company.	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this cape provisions of all statutes relative to the proper and complete performance of my of the obligations of my position as registered agent as provided for in Chapter 605 to merely reflect a change in the registered office address. I hereby confirm that is notified in writing of this change.	icity. I further agree to comply with the luties, and I am familiar with and accen