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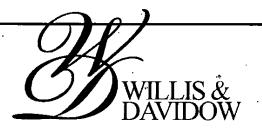
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BEB O & SAIL

James E. Willis, Esq. Joseph A. Davidow, Esq. Christina B. Davidow, Esq. Yasser Laklifi, Esq.



851 5th Ave N., Ste. 301 Naples, FL 34102-6753 Tel: (239) 465-0531 Fax: (888) 435-0911 WillisDavidow.com

REAL ESTATE CONDO HOA ♦ WILLS, TRUSTS & ESTATES ♦ CORPORATIONS BUSINESS LITIGATION ♦ FEDERAL DEFENSE ♦ IMMIGRATION

September 2, 2016

7015 0640 0002 4120 9975

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

Re: Haddaway & Associates, LLC

To Whom it May Concern:

Enclosed please find the completed Statement of Change of Registered Office Or Registered Agent Or Both For Limited Liability Company, the "cover letter" and our check in the amount of \$25.00 for the filing fee relating to the above mentioned LLC. Please process accordingly.

If you have any questions or if we are missing anything, please feel free to contact us.

Sincerely,

Carmela Widener

Enclosure

Cc: file

COVER LETTER

INHS18 (2/14)

TO:		tration Section on of Corporations					
SUBJ	ECT: _	Haddaway & Associates, LLC					
		. Na	me of Limited	Liability C	Company		
Dear S	Sir or M	adam:					
The er	closed	Registered Agent/Registered O	ffice Change an	d fee(s) ar	re submitted for	r filing.	
Please	return a	all correspondence concerning t	his matter to th	e followin	g:		
Chi	ristina B	. Davidow, Esq.					
		Name of Person					
Willi	is & Dav	ridow, Attorneys at Law, LLC					
		Firm/Company					
851	5th Ave	nue N., Ste. 301				واف	
		Address			•		
Na _l	ples, Flo	orida, 34102				MI SEP LEAHAS	******
		City/State and Zip Code				- 1 - 1 - 1	Figure
cda	vidow@	willisdavidow.com				ס אַ	
E	E-mail a	ddress: (to be used for future ar	nual report not	fication)		95 b: -	
For fu	rther inf	ormation concerning this matte	r, please call:			0	
Christ	ina Dav	idow	at (239)	465-0531		
		Name of Person		Area C	ode & Daytim	e Telephone Nu	nber
	Regist Division Clifton 2661 I	ET/COURIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301	R D P	egistration ivision of O. Box 63	Corporations	4	
	Enclo	sed is a check for the followin	g amount:				
	X \$25	Filing Fee	□ \$	55 Filing	Fee & Certifie	d Copy	

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	me of the limited liability company: Haddaway & A	ssociates	s, LLC	
2. (ลโ		_ (b)		
2. (ω,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		9128 Strada Place #10115		9128 9	Strada Place #10115
		Naples, Florida 34108		Naples	s, Florida 34108
		10/03/2013	_	L13000	139764
3.		Date of filing/registration in Florida	4.]	Document number
5.	(a)				
		Registered Agent and Registered Office shown on the records of the Randy G. Haddaway, Jr.		Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		
		780 5th Avenue S. #200			201 201
		Naples , FL_	34102		IN SEP
(b)				
•	_,	Enter name of NEW Registered Agent and/or NEW Registered O	office addr	<u>'ess</u> :	י די די די די
		Willis & Davidow, Attorneys at Law, LLC			b: 10 PATE PRIDA
		NEW Registered Office Address:			
		851 5th Avenue N., Ste 301			
		Naples, FL	34102		
the dager was	hai it w we	mited liability company is not organized under the lawsing or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the organization or the operating agreement of the limited liab.	he registe fility con the limit	ered office npany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
$\bot\!$	'/	Jandon	Ch	ristina Dav	idow, Authorized Representative
Sig	nat	ure of a member or authorized representative of a member			Printed or typed name of signee
prov the c to m	isio bli ere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pogations of my position as registered agent as provided by reflect a change in the registered office address, I he musting of this change.	e to act in erforman for in Ch ereby con	n this capac ice of my di iapter 605, ifirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
Sign	atur	e of Registered Agent			