

L13000/46 889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

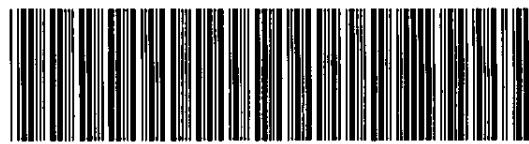
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7758 Hockendale 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:

John Knoblich

Name of Person

Firm/Company

13506 Summerport Village Parkway, Suite 290

Address

Windermere/FL 34786

City/State and Zip Code

john.knoblich@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

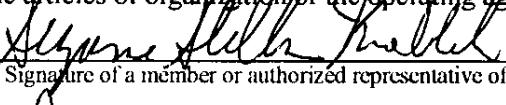
\$55 Filing Fee & Certified Copy

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. Name of the limited liability company:	7758 Hockendale LLC	
2. (a) 7758 Hockendale LLC	Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	(b) 7758 Hockendale LLC
	7758 Hockendale Rd	Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
	Kissimmee, FL 34747	13506 Summerport Village Pkwy, # 290
		Windermere, FL 34786
10/18/2013		L13000146889
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
INCORP SERVICES, INC		
Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>		
17888 67th COURT NORTH		
LOXAHATCHEE	33470	
	, FL	
(b) JOHN L KNOBLICH		
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
JOHN L KNOBLICH		
NEW Registered Office Address:		
13506 Summerport Village Parkway, Suite #290		
Windermere	34786	
	, FL	

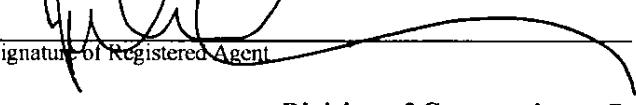
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Suzanne Stillman Knoblich

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 capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

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

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