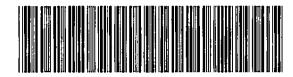
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·

Office Use Only



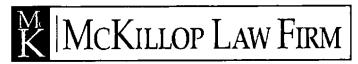
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FEB 0 4 2022 LALBRITTON



www.mckilloplawfirm.com Ph

Phone 904-503-3893

Fax 904-503-9846

7563 Philips Highway, Building 500, Jacksonville, Florida 32256

January 14, 2022

VIA FEDERAL EXPRESS

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re: Cancellations of Statements of Authority and New Statements of Authority

Dear Sir/Madam:

Below are the following documents for three separate LLCs:

1. H&H Real Estate Investing, LLC

Cancellation of Statement of Authority - \$25, plus \$30 for certified copy

Statement of Authority - \$25, plus \$30 for certified copy

2. Fair Home Offers, LLC

Cancellation of Statement of Authority - \$25, plus \$30 for certified copy

Statement of Authority - \$25, plus \$30 for certified copy

3. Fair Homebuyers, LLC

Cancellation of Statement of Authority - \$25, plus \$30 for certified copy

Statement of Authority - \$25, plus \$30 for certified copy

Enclosed is check number 1811 in the amount of \$330.00 for the filing and certified copy fees as notated above.

If you have any questions or need any additional information, please do not hesitate to contact me.

Respectfully.

Julia Chansen McKillop, Esq.

Senior Partner

Enclosures

55.00

COVER LETTER

TQ:

Registration Section Division of Corporations

SUBJECT:	H&H REAL ESTAT	E INVESTI	ING.	
	Name of Limited I	liability Co	mpar	ıy
Dear Sir or Madam:				
The enclosed Amendment or Cancel	lation of Statement of	Authority a	md fe	ee(s) are submitted for filing.
Please return all correspondence cor	cerning this matter to	the followin	ng:	
HUNTER HAYDEN				
Name of Pe	erson		_	
H&H REAL ESTATE INVESTING	G, LLC			
Firm/Comp	any	<u>.</u>	_	
9310 OLD KINGS ROAD S, SUIT	E 1702			
Address		<u> </u>	_	
JACKSONVILLE, FL 32257				
City/State and Zip	Code	<u>.</u>	_	
hunter@haydenhawk.com				
E-mail address: (to be used	for future annual repo	ort notificat	ion)	.
For further information concerning	his matter, please call:			
HUNTER HAYDEN	at (904) _	742-2658
Name of Person		Area Code	2	Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

UPCONT): The Florida Document number of the limited liability	company is: L13000156709	_
SECON	7: The Plonda Document number of the inflict nature	company is	_
THIRD:	The street address of the limited liability company's pri 9310 OLD KINGS ROAD S, SUITE 1702	ncipal office is:	
	JACKSONVILLE, FL 32257		
	The mailing address of the limited liability company's 9310 OLD KINGS ROAD S, SUITE 1702	27	
	JACKSONVILLE, FL 32257	ASSEE, FL	Ī
		TA F	
FOURT	H: The date the statement of authority became effective	is: SEPTEMBER 15, 2021	
FIFTH:	The statement of authority is cancelled.		
OR			
	The amendment to the statement of authority is		
			
. 1			
_\$0	Shydn	HUNTER HAYDEN, MANAGER Typed or printed name of signature	

CR2E145 (2/14)