LIH 000053987

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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TO: Registration Section Division of Corporations

SUBJECT:

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:

RaSheena Akins

Name of Person

Kyler, Kohler, Ostermiller & Sorensen, LLP

Firm/Company

1883 W. Royal Hunte Drive Ste. 200

Address

Cedar City, Utah 84720

City/State and Zip Code

sheena.akins@kkoslawyers.com

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

For further information concerning this matter, please call:

RaSheena Akins	435 586-9366 ex. 2062 at $($
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Enclosed is a check for the following amount:

S25 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.

. N	ame of the limited liability company: Huot Holding	s, LLC	
. (a)			(b)
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	1883 W. Royal Hunte Drive 200A		1883 W. Royal Hunte Drive 200A
	Cedar City, UT 84720		Cedar City. UT 84720
	April 2, 2014		L14000053987
	Date of filing/registration in Florida	4.	Document number
(a)			
	Registered Agent and Registered Office shown on the records Gladys Huot	s of the Flori	ride Dent of Control
	Registered Office Address <u>(MUST BE FLORIDA STREE</u> 8900 NW 107TH COURT 221	<u>ET ADDRE</u>	TAR 31
	Doral ,	FL	le la
(b)			
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	red Office a	address:
	Registered Agent Solutions, Inc.		
	NEW Registered Office Address:		
	155 Office Plaza Dr. Suite A		

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.

llader Hurt Signature of a member or authorized representative of a member

Gladys Huot

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.

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Signature of Registered Agent

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