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SECRETARY OF STATE

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

June 7, 2016

CHRISTOPHER HARDY

908 W. PENINSULAR ST. TAMPA, FL 33603

SUBJECT: HARDCOPY DIGITAL SERVICES, LLC

Ref. Number: L14000070800

We have received your document for HARDCOPY DIGITAL SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Corporation, but your entity is a Florida LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 016A00011888

SECRETARY OF STATE

COVER LETTER

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	on Section of Corporations				
SUBJECT:	Hard Copy	ume of Limited	구요 I Liability Compan	Service	s LLC
Dear Sir or Madar	n:				
The enclosed Regi	istered Agent/Registered Of	ffice Change ar	nd fee(s) are subm	nitted for filing.	
Please return all co	orrespondence concerning t	this matter to th	e following:		
	Nristo Pher Name of Person Acid Opy Firm/Company			uices L	.لــــ
908	W. Renin	Sular	<u>S</u> 7.		i 6 SECH TALL
	City/State and Zip Code	ET 3	3603		JUN 22 PH JUN 27 PH RETARY OF S AMASSEE, FL
E-mail addre	Hardy & Hess: (to be used for future an	nnual report no	ud5. (Ov	\sim	PH 12: 05 OF STATE E, FLORIDA
For further inform	nation concerning this matte	er, please call:			
Miche	lle Hardy ame of Person	at (Daytime Teleph	
Registration Division Clifton Bu 2661 Exec	/COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle ee, Florida 32301	F I F	MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Fallahassee, Florid	on rations	
Enclosed	is a check for the followin	ng amount:			
□ \$25 Fil	ing 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.

1 10/144	•
1. Nai	me of the limited liability company: Hard Copy Digitar Services LCC
2. (a)	908 W. Peninsular St. (b) 908 W. Peninsylar St.
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa FL 33603 Tampa FL 33603
	5-1-14 14000070800
3.	Date of filing/registration in Florida 4. Document number
	United States Corporation agents Inc
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	13302 Winding Oak (ourt, It
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	-tampa, F-6 33612
	, FL
	Christopher Hardy
(b)	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	908 W. Peninsular ST.
	NEW Registered Office Address.
	<u>Tampa</u> , FL 33603
	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
	nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/wo	fe authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
tne arm	cles of organization or the operating agreement of the limited liability company.
Signati	ure of a member or authorized representative of a member Christopher Hardy Printed or typed name of signee
I hereb	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provision the objict the object t	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed By reflect a apangelin the registered office address, I hereby confirm that the limited liability company has been
to mere notifica	ly reflect a changelin the registered office address, I hereby confirm that the limited liability company has been In writing of this change.
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Signature of Registered Agent