## 4400144278

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
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MAR 23 2020 S. YOUNG

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2020

MARY REYFF HJLK LLC 16570 CROWNSBURY WAY APT 101 FORT MYERS, FL 33908

SUBJECT: HJLK LLC

Ref. Number: L14000144278

We have received your document for HJLK 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):

ONLY COVER PAGE RECEIVED

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) 245-6050.

Letter Number: 720A00005434

Shelia H Young Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

| TO: Registration Section Division of Corporations   |  |  |  |  |
|---|--|--|--|--|
| HI  | LK LLC   |  |  |  |
| SUBJECT: Name of Limited Liability Company  |  |  |  |  |
| Name of Elimited Entoring 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:                   |  |  |  |  |
| MARY REYFF Name of Person  H.TLK LLC  |  |  |  |  |
| HJLK LLC Firm/Company   |  |  |  |  |
| 16570 CROWNSBURY WAY APT. #101  |  |  |  |  |
| FORT MYERS FL 33908 City/State and Zip Code   |  |  |  |  |
| REYFF COMCAST. WET  E-mail address: (to be used for future annual report notification)      |  |  |  |  |
| For further information concerning this matter, please call:                                |  |  |  |  |
| MARY LEYFF at (239) 376 - 4680  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<br>Tallahassee, FL 32314  | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |  |  |  |
| rananassee, pt. 32514   | Tallahassee, FL 32303                                      |  |  |  |
| Enclosed is a check for the following amount:   |  |  |  |  |
| ♥ \$25 Filing 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. Na  | ame of the limited liability company: HJLK LL  | C  |
|--------|--|--|
| 2. (a) | Principal office address of limited liability company:  (b)  Mailing address   | s of limited liability company:  **Y BE POST OFFICE BOX**                |
|        | APT. 101   |  |
|        | FORT MYERS, FL 33908   |  |
| 3.     | SEPT. 15, 2014  Date of filing/registration in Florida  4. Document  | 144278   |
| 5. (a) | MARCUS F. MOOLE  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  | number   |
|        | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   | 2004   |
|        | APT. 101<br>FORT MYERS, II. 33908  | FILED  1020 HAR 23 PM 2:4  17 ARTHENT OF STATE  17 YES ION OF SEE FLUENI |
| (b)    | MARY REYFF Enter name of NEW Registered Agent and/or NEW Registered Office address:  | Fresharing Fresharing  |
|        | 16570 CLOWNS BURY WAY NEW Registered Office Address:   |  |
|        | FORT MYERS 11 3390/  |  |
| change | imited liability company is not organized under the laws of the State of Florida, it is he or changes are made, the Florida street address of the registered office and the busine will be identical. Or, in the case of a Florida limited liability company, it is hereby con | ss office of the registered  |

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.

Signature of a member of authorized representative of a member

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 spring of this change.

Signature of Registered Agent