L14000149380

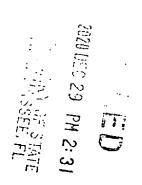
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



600356524726

12/23/20--01010--038 **970.00



T SULKER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HART & ASSOCIATES LLC		
Nam	e of Limited Li	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and:	fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the f	ollowing:
LANETTE HART		
		<u></u>
Name of Person		
Hart & Associate	S LLC) <u>-</u>
' Furm/Company		
1103 WILD AZALEA DRIVE		
Address		_
JACKSONVILLE, FL 32221		
City/State and Zip Code		_
LANETTE.HART@MB.COM		
E-mail address: (to be used for future annu	al report notific	ation)
For further information concerning this matter, p	olease call:	
L'ANETTE HART	904 _at (233-4439
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:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Conv.

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.

Na	me of the limited liability company:	ЩС			<u> </u>	
(a)	1103 WILD AZALBA DRIVE	(b) $\frac{1}{2}$	103 WII	D AZALI	EA DRIVE	
(5)	Principal office address of limited Hability company: (Note: MUST BE STREET ADDRESS)	(-)_		_		ed liability company. TOFFICE BOX
	JACKSONVILLE, FL 32221		ACKSON	IVILLE, F	T. 32221	
	09/23/2014	L:14	1 000 1493	180		2921
	Date of filing/registration in Florida 4.			Docume	nt number	DE .
(a)	ROTH L'AW FIRM PL				•	
(a)	Registered Agent and Registered Office shown on the records of the Flori	ida Do	pt. of Stat	- E:	<u> </u>	29
	6100 GREENLAND RD				38.55 35 35 35 35 35 35 35 35 35 35 35 35 3	= 1:1 = ================================
	Registered Office Address MUST BE FLORIDA STREET ADDRES	330		-	Til Cit	(V)
	STE 604				. FL	$\frac{\omega}{2}$
	JACKSONVILLE ,FL 32258			-	1.0	•
	, ` ` `			-		
				-		
	NEW Registered Office Address:					
	1103 WILD AZALEA DRIVE					
	JACKSONVILLE, FL_32221	_				
nge nt w	mited liability company is not organized under the laws of the or changes are made, the Florida street address of the register ill be identical. Or, in the case of a Florida limited liability or eauthorized by an affirmative vote of the members of the limited or organization or the operating agreement of the limited	red of compa mited liabi	ffice and my, it is liability lity com	the busin hereby or company	ness office onfirmed th	of the registered nat the change(s)
	ure of a member or authorized representative of a member			<u> </u>	typed mame or	f signoc
ereb visio obli nere ified	ry accept the appointment as registered agent and agree to a cons of all statutes relative to the proper and complete perform gations of my position as registered agent as provided for in by reflect a change in the registered office address, I hereby of inverting of this change.	ct in to nance Chap confir	his capa e of my d ster 605, m that t	city. I fu uties, and F.S. Or, he limited	rther agree l I am Jamil if this docs l llability co	to comply with the liar with and accument is being fill ompany has been
4	WILTHY					
ш	e of Regulared Agent					

Division of Corporations P.O. Box 63270 Tailahassee, FL 32314 FILING FEE: \$25.00