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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Higgins Drafting & Design LLC

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:

Kield Higgins

Name of Person

Higgins Drafting & Design LLC

Firm/Company

7749 Normandy Blvd #145-122

Address

Jacksonville FI 32221

City/State and Zip Code

higginsdrafting@reagan.com

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

For further information concerning this matter, please call:

Cynthia Higgins	904 3053523
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	g amount:
2 \$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.

	ne of the limited liability company: Higgins Draft Principal	(b) Mailing
_	Principal office address of limited liability company; (<i>Note: MUST BE STREET ADDRESS</i>)	()	/
	9865 Sailor Dr		7749 Normandy Blvd #145-122
	Jacksonville FI 32221		Jacksonville FI 32221
	September 25, 2014		L14000149982
-	Date of filing/registration in Florida	4.	Document number
)	Registered Agent		
	Registered Agent and Registered Office shown on the records of	Dept. of State:	
	United States Corporation Agents, Inc		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2
5575 S. Sermoran Blvd Suite 36			
	Orlando FI	32822	2019 OCT
_	New Registered Agent		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:
	Kield D Higgins		÷.
	NEW Registered Office Address:		32
	7749 Normandy Blvd #145-122		<u></u>
	Jacksonville	32221	

Signature of a member or antheorized representative of a member

the articles of organization or the operating agreement of the limited liability company.

ynthia hia 5 Higgins 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 printing of this change.

Signature of Registered Agent

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