## 1/4000/70220

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SET (1 2019 3. PRATHEE

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Hedrick's Mark			
Name of I	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cl			
Please return all correspondence concerning this matter to the following:			
Trease return an correspondence concerning and mai	to the rollowing		
Rachel Hedrick	and the second s		
Hedrick's Market			
204 East Ave	The state of the s		
Brooks ville, Fl. B4 City/State and Zip Code	601		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Rachel Hedrick at (	352 279-29 77  Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amou	int:		
\$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. Name o	of the limited liability company: Hedrick's Ma	irket
	Principal office address of limited liability company: 3 4601  (Note: MUST BE STREET ADDRESS)	HEast Ave Brooksulle 11  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida  4.	4000170220.  Document number
	stered Agent and Registered Office shown on the records of the Florida Dept.	of State
( <u>L</u>	egal Zoom United States ( stored Office Address (MUST BE FLORIDA STREET ADDRESS)	orp. Agents INC
1.13	302 Winding Oaks Court S.	aile A
<u> </u>	ampa, +1 32612FL	
(b), Roter	name of NEW Registered Agent and/or NEW Registered Office address:	<del></del>
$\dot{a}$	04 East Ale	<u> </u>
<u>NEW</u>	V Registered Office Address:	
· <u>.</u>	MOOKSUILL , FL 3460	<u> </u>
the change of agent will be was/were aut	d liability company is not organized under the laws of the State or changes are made, the Florida street address of the registered e identical. Or, in the case of a Florida limited liability companithorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
· · · · · · · · · · · · · · · · · · ·	a member or authorized representative of a member	Printed or typed name of signee
provisions of the obligation to merely refi	cept the appointment as registered agent and agree to act in this fall statutes relative to the proper and complete performance on so f my position as registered agent as provided for in Chapte flect a change in the registered office address, I hereby confirm riting of this change.	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been

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