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COVER LETTER

	Registration Section Division of Corporations							
SUBJE	Hamilton Morton Staffing, LLC							
002		Limited Liability Company						
Dear Si	r 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:								
Jim Ga	ау, СРА							
	Name of Person							
Jim Ga	ay CPA							
	Firm/Company							
3984 N	Manatee Ave E							
	Address							
Brader	nton, FL 34208							
	City/State and Zip Code							
jim@jiı	mgaycpa.com							
E-	mail address: (to be used for future annual r	report notification)						
For furtl	her information concerning this matter, plea	ase call:						
Jim Ga	ay	941 747-0588						
	Name of Person	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 amount:							
	S25 Filing Fee	☐ \$55 Filing Fee & Cortified Copy						

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	me of the limited liability company: Hamilton Mort	on St	aff	ing, LLC		
2.							
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	M		3	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		7906 Grand Estuary Trail, #102			7906 Gra	and Estuary Trail, #102	
		Bradenton, FL 34212	_		Bradento	on, FL 34212	
		11/12/2014		L	1400017	75156	
3.		Date of filing/registration in Florida	4.			Document number	
5.	(a)						
		Registered Agent and Registered Office shown on the records of the	he Floric	da L	Pept. of State	::	
		United States Corporation Agents, Inc.					
		Registered Office Address (MUST BE FLORIDA STREET A 13302 Winding Oak Court A	<u>DDKES</u>	<u>(3)</u>		18 NOV -8	
		Tampa	33612	2		V-8 PH	
		,			.,	PH 4: 10	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered				三 製 デビ	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>ddr</u>	ess:	第5	
		Jim Gay, CPA					
		NEW Registered Office Address:					
		3984 Manatee Ave E					
		Bradenton , FL	34208	3			
the age was	cha nt w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility of the lin imited	iston mit lia	ered office npany, it is ed liability	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
Š	ignât	ure of a member or authorized representative of a member				Printed or typed name of signee	
pro the to n	visio obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete g igations of my position as registered agent as provided by reflect a change in the registered office address, I have	ee to ac perform for in ereby c	ct ii nar Ch con	n this capa ice of my c capter 605 firm that t	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been	

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

Signature of Registered Agent

INTUCTO (2/17/1)