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(Re	equestor's Name)	_			
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PICK-UP	☐ WAIT	MAIL			
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S. YOUNG

## **COVER LETTER**

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INHS18 (2/14)

TO:	Registration Section Division of Corporations					
	•					
SUBJ	ECT: Hazelbaker Online LLG Na	·	_			
	Na	une of Limited Liability Company	-			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning t	this matter to the following:				
	Cad . Hazall I. c					
	Cody Hazelbaker Name of Person					
	Hazelber Online, LLC Firm/Company					
	Firm/Company					
	/ 4					
	6474 17134 Ave E		:			
	Address		DE			
			· 62			
	Pairist, F1 34219	<del></del>				
	City/State and Zip Code		河 <b>釜</b> 3			
	hazellak contine Dama Teran	ONI	DEC 21 AM 8: 02			
1	herebot online Ogneriteen  3-mail address: (to be used for future ar	nnual report notification)	20			
For fu	rther information concerning this matte	er, please call:				
	<b>-</b>	.,				
	ody Hazelbakur	at ( 941 ) 779-5683	_			
	Name of Person	Area Code & Daytime Telephone Number	er			
	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 32301	Tallahassee, Florida 32314				
	Enclosed is a check for the following	ng amount:				
	\$25 Filing Fee	☐ \$55 Filing Fee & Certified 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	ame of the limited liability company: Hazelbaker	Online, l	16		
2 (4)	_6434 1315+ Ave E, Parcish F1 34249	(b		s office address	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0			ted liability company:
3.	1>/15/18 Date of filing/registration in Florida			000 7959 Document numbe	r
5. (a)	Registered Agent and Registered Office shown on the records of				
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:		₽ ∞
	Registered Office Address (MUST BE FLORIDA STREET)				国用力
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS,</u>	!		700 2
	A				DEC 21
					SEC. 17.7
		_ <u>33613</u>	<del>)</del>		0 00
	Z				DEC 21 M 8: 02 LANASSEE, FLORIDA
(b)	Enter name of NEW Registered Agent and/or NEW Registered				
	Enter name of NEW Registered Agent and/or NEW Registered	Office ago	<u>ress</u> :		
	<u>E434 13154 Ave E</u> NEW Registered Office Address:				
	Parcish , FL	<u>. 34219</u>			
the cha agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Code W.	the regis ability co of the lim	tered office mpany, it is ted liability ability comp	and the business of hereby confirmed company or as ot	office of the registered I that the change(s) herwise provided in
provisi the obl to merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to act performa d for in C hereby co	in this capac nce of my di hapter 605, nfirm that th	city. I further agr uties, and I am fa F.S. Or, if this do se limited liability	ree to comply with the miliar with and accept ocument is heing filed ocompany has been

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

Signature of Registered Agent