

215000015223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

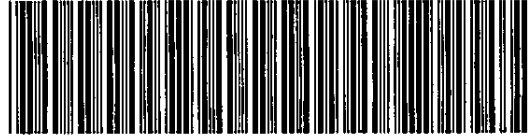
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600278600916

10/30/15--01006--021 **35.00

FILED

2015 NOV 13 P 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 16 2015
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2015

PATTI MILLER
4108 W BAY VISTA AVE
TAMPA, FL 33611

SUBJECT: HYDE PARK HYDROPONIC, LLC
Ref. Number: L15000015223

We have received your document for HYDE PARK HYDROPONIC, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 015A00023130

2015 NOV 13 P 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HYDE PARK HYDROPONIC
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:

PATTI MILLER

Name of Person

HYDE PARK HYDROPONIC

Firm/Company

4108 W BAY VISTA AVE

Address

TAMPA FL 33611

City/State and Zip Code

HYDRO4108@GMAIL.COM

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

For further information concerning this matter, please call:

PATTI MILLER

Name of Person

at (813)

505-4055

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:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2015 NOV 13 P 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 of the limited liability company: HYDE PARK HYDROPONIC

2. (a) 4108 W BAT VISTA AVE (b) PO Box 13078

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

TAMPA FL 33611

TAMPA FL 33681

3. 1/29/15 4. L15000015223
Date of filing/registration in Florida Document number

5. (a) CHEYENNE MOSELEY, US CORP AGENTS

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAKS COURT STE A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

UNITED STATES CORPORATION AGENTS INC

TAMPA, FL 33612

(b) PATTI MILLER

Enter name of NEW Registered Agent and/or NEW Registered Office address:

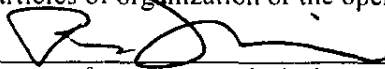
4108 W BAT VISTA AVE

NEW Registered Office Address:

TAMPA, FL 33611

FILED
2015 NOV 13 P 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

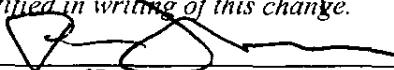


Signature of a member or authorized representative of a member

PATTI MILLER

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 writing of this change.



Signature of Registered Agent