L15000092911

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2016 MAY 18 P 1: 21
SECRETARY OF STATE

HW, J. & SULZ

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 2, 2016

STEVEN C. RUTH HUDSON-PARKER, LLC 805 EXECUTIVE CENTER DRIVE WEST ST. PETERSBURG, FL 33702

SUBJECT: HUDSON-PARKER, LLC

Ref. Number: L15000092911

We have received your document for HUDSON-PARKER, 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 sall (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 216A00009021

8 P 1: 2u Y OF STATE FF FLORIDA

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Hudson-Parke	er, LLC nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	ge and fce(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Steven C. Ruth Name of Person	
Hudson-Parker, LL Firm/Company	<u>-C</u>
805 Executive Center Drive	West, Ste 105
St. Petersburg FL 3370 City/State and Zip Code	ACLANDE M
E-mail address: (to be used for future annual repor	Met notification) SEGRETARY OF P
For further information concerning this matter, please ca	
Steven C. Ruth at (at (727) 327 3232 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

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.

Florida				-		·
1. Na	ame of the limited liability company: Hudson	n - 1	Parker	-, LLC	· · ·	···
2. (a)		`''' (b)		,		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)		Mailing address of (Note: MAY B		
	805 Executive Center Drw. Ste 105		+			
	St. Petersburg FL 33702					
	5/27/2015	_	L	150000	9291	
3.	Date of filing/registration in Florida	4.		Document nu	ımber	
5. (a)	and the second of the second o		•			••••
· (w)	Registered Agent and Registered Office shown on the records of the	Florida l	Dept. of State	:		
	Harry H Rabb CPA					
	Harry H Kabb CPA Registered Office Address MUST BE FLORIDA STREET ADD	DRESS)				
	28163 US Highway 19N,					
	<u>Clearwater</u> , FL	33	3761			
				À	200	, and a second s
(b)	Enter name of NEW Registered Agent and/or NEW Registered Of				NAV ORE I	
	Enter name of NEW Registered Agent and/or NEW Registered Of	fice add	ress:	75.0		1.55
	Therese F Sroka			0 F F		
	NEW Registered Office Address:	•	-	ŗ		
	805 Executive Cent Driv	eW,	Suite 1	05	1: 2 ¹	
	St. Peters burg , FL	33	702			
the cha agent v was/we	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the control of the lire of organization or the operating agreement of the lire.	of the S le regist ility con the limi	State of Flo ered office npany, it is ted liability	and the busing the and the busing the configuration and the company or the compan	ness office (rmed that the	of the registered the change(s)
				teven C	Rin	h
Signa	ture of a member or authorized representative of a member			Printed or type	d name of sign	nce
I here provisi the obj	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete peligations of my position as registered agent as provided the proper and ress I have a complete as the provided the property of the provided the provid	to act erformator in C	in this cape nce of my c hapter 605	acity. I furthed duties, and I along the first or, if the limited lies	er agree to c im familiar his docume:	comply with the with and accep nt is being filea

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

Signature of Registered Agent