L15000092911

(Re	equestor's Name)			
(A)	ddress)			
(Ac	ddress)			
(Ci	ity/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Centificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



200410692442

06/20/23--01034--010 **25.00

UN 20 PH 4: 32

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HUDSON - PARKER, LLC 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:
STEVEN C. RUTH Name of Person
HUDSON-PARKER, LLC Firm/Company
1325 SNOUL ISLE BLUD NE #307 Address
ST. PETERSBURG FL 33704 City/State and Zip Code
STEVE P STEVEN RUTL. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEVEN RUTH at (727) 432-6467 Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

	me of the limited liability company: Hu050N - f Sanc Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) SAME Maili	ng address of limited liability company: ote: MAY BE POST OFFICE BOX)
	1325 SNEW ISLEBUUDNE #307 ST PETERSBURG FL 33704	1325 Sn ST. PETCL	SBURG, FL 33704
3.	5/27/2015 Date of filing/registration in Florida 4.	<u> </u>	cument number
(b)	RABB, HARRY Registered Agent and Registered Office shown on the records of the Florida Street Agent and Registered Office Address SUITE 204 CLURENATUR, FL. DONNEY, TERESA Enter name of NEW Registered Agent and/or NEW Registered Office Address: UNIT # STREET SBURS FL. 3	ESS) 3.3761 e address:	2023 JUN 20 PM 4: 32 TALLAHASSEE, FLORIDA
change agent w was/we the artic	mited liability company is not organized under the laws of or changes are made, the Florida street address of the regis zill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited ure of a member or authorized representative of a member.	tered office and the company, it is her limited liability cored liability company	business office of the registered beby confirmed that the change(s) mpany or as otherwise provided in y.

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