

L15000107225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

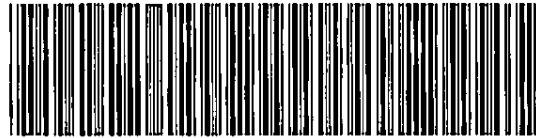
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900348788519 ✓

07/23/20--01042--004 **100.00
25.00

RECEIVED

JUL 20 2020

S TALLENT
SEP 28 2020

R/A-2H

2020 SEP 24 PM 12:11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2020

LYNN B. AUST
AUST LAW FIRM
1220 E. LIVINGSTON STREET
ORLANDO, FL 32803

SUBJECT: HARKEY ONE LLC
Ref. Number: L15000107225

We have received your document and check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 420A00016761

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARKEY ONE 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:

Lynn B. Aust

Name of Person

Aust Law Firm

Firm/Company

1220 E. Livingston Street

Address

Orlando, FL 32803

City/State and Zip Code

cjoannes.cs@gmail.com

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

For further information concerning this matter, please call:

Lynn B. Aust

407

447-5399

at (_____)

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

1. Name of the limited liability company: HARKEY ONE LLC

2. (a) 1110 4th Street

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Orlando, FL 32824

(b) 1110 4th Street

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Orlando, FL 32824

3. February 21, 2020

Date of filing/registration in Florida

4. L20000058294

Document number

5. (a) Carol J Sweeney

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1110 4th Street

Orlando, FL 32824

(b) Aust Law Firm

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

NEW Registered Office Address:

1220 E. Livingston Street

Orlando, FL 32803

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.

Carol J Sweeney
Signature of a member or authorized representative of a member

Carol J Sweeney

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]
Signature of Registered Agent