

# L15000107229

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

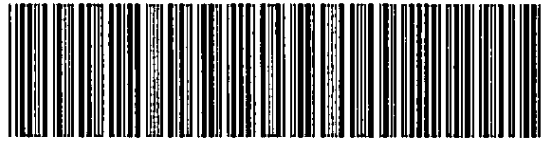
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2020 SEP 24 PM 12:14

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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 THREE LLC  
Ref. Number: L15000107229

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: 520A00016769

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HARKEY THREE 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

INHS18 (2/14)

*Fee 9/24/20*

**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 THREE LLC

2. (a) 1110 4th Street (b) 1110 4th Street

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

Orlando, FL 32824

Orlando, FL 32824

February 21, 2020

L20000058294

3. Date of filing/registration in Florida

4. 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

2020 SEP 24 PM 12:14