L15000112487

(Requestor's Name)	
(Address)	
(/ tudi033)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Dasiness Entry Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

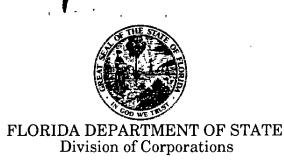


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MAY 1 8 2017 Y SULKER



April 24, 2017

BRYAN ANDERSON 2727 CLYDO RD UNIT 6 JACKSONVILLE, FL 32207

SUBJECT: HORREO LLC Ref. Number: L15000112987

We have received your document for HORREO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

DOCUMENT NUMBER HAS TO MATCH WITH COMPANY NAME

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.

Letter Number: 417A00007934

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations		
Name of Limited Liability Company Sir or Madam: enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. the return all correspondence concerning this matter to the following: Anderson		
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:		
Bryon Anderson Name of Person		
Firm/Company		
2727 Clydo Rd yoit 6 Address		
Jacks Davi Ne FL 32257 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Bryan Anderson at (727) 301-3587 Name of Person 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 \$ Certified Copy		
INHS18 (2/14)		

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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b) _		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2727 Clydo Rd unit 6		Same			
	Jacksonville FC 32207					
	6/29/15		1500011.	2487	 	
	Date of filing/registration in Florida	4.	Documer	nt number		
(a)	Bryan Anderson					
	Registered Agent and Registered Office shown on the records of the	he Florida De	pt. of State:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)				
	285 Palm Breeze Dr					
	¬	2 \ >	<u></u>			
	Conte Votra, FL	540	<u>p</u>	17		
(I-)	Bryan Anderson			17 MAY 17	•	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u></u>			
			_		,	
	NEW Registered Office Address:				•	
	2727 Clydo Rd unit 6			120		
	Jackson Me FL	3120	٦			
				1 1 0 1 /1	- . - 6	
ine i e cha	imited liability company is not organized under the law ange or changes are made, the Florida street address of	vs of the Sta the register	ate of Florida, it is red office and the	s nereby confirmed that business office of the	n anei registe	
ent v	will be identical. Or, in the case of a Florida limited lia	bility com	oany, it is hereby o	confirmed that the cha-	nge(s)	
s/we arti	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	t the timite limited liab	a nability compan oility company.	y or as otherwise prov	/idea i	
		_	pan Andre	אכי		
igna	nture of a member or authorized representative of a member	10, 1	Printed or	typed name of signee		
				urther agree to comply	_	

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

Signature of Registered Agent