

L15000170494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

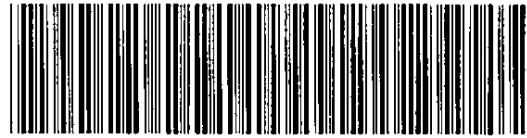
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D SCOTT
JUN 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HN SP 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:

DORIS GARZON
Name of Person

BACKOFFICE SERVICES INC
Firm/Company

22ND NE 1ST STREET SUITE 306
Address

MIAMI, FL 33132
City/State and Zip Code

doris@backofficeservices.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DORIS GARZON at (954) 6735107 10am 4pm
Name of Person Area Code & Daytime Telephone Number

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JUN 23 PM 12:24
17
TALLAHASSEE, FLORIDA
STATE REGISTERED AGENT

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.

1. Name of the limited liability company: HN SP LLC

2. (a) 8300 NW 53RD ST (b) _____

Principal office address of limited liability company:

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

Mailing address of limited liability company:

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

SUITE 350

DORAL, FL 33166

10/06/2015

L15000170494

3. Date of filing/registration in Florida

4. Document number

5. (a) GBS CONSULTANTS, INC

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

18501 PINES BLVD

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

SUITE 201

PEMBROKE PINES, FL 33029

(b) BACKOFFICE SERVICES INC

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

22ND NE 1ST STREET

NEW Registered Office Address:

SUITE 306

MIAMI, FL 33132

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TALLAHASSEE, FLORIDA

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.

JAIME CARDONA

Signature of a member or authorized representative of a member

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 of Registered Agent

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

FILING FEE: \$25.00