## 

(Re	equestor's Name)	<del></del>						
(Address)								
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(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
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(Document Number)								
Certified Copies	_ Certificates	s of Status						
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04/13/18--01029--001 \*\*25.00



## . COVER LETTER

TO: Registration Section Division of Corporations	
Ann Hartley, LLC SUBJECT:	
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Ann Hartley	
Name of Person	
Ann Hartley, ILLC	
Firm/Company	
184 Seacrest Drive	
Address	
Seacrest Beach, FL 32461	
City/State and Zip Code	
georgehartley1@gmail.com	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	please call:
George Hartley	850 376-3535
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 a	amount:
	☐ \$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.	Na	ame of the limited liability company: Ann Hartley, Li	LC					
2	(a)	Ann Hartley	(b	Ann Har	tley			
۷.	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address o		•	
		184 Seacrest Drive		184 Sea	crest Drive			
		Seacrest Beach, FL 32461	_	Seacres	t Beach, FL	32461		
		10-20-2015		L1500017	78741			
3.		Date of filing/registration in Florida	4.	• • •	Document nu	mber		
5	(a)	Watson Sewell, PL						
٥.	(4)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	- ::			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	<u>}</u>	•			
		5410 East County Hwy 30A 201						
		Seagrove Beach	32459		•	•		
	(b)	Walter G Hartley, III				SECRE	2018 AP	-111
	,	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	dress:	•	HASSEE.	APR 13 PI	FILED
		NEW Registered Office Address:			•	<u> </u>	<u></u>	D
		184 Seacrest Drive				FLORIDA	PM 1:4.	
		Seacrest Beach, FL	32461		-			
the ag wather I in the to	e cha ent v is/we arti Signa here ovisi e obli mere	imited liability company is not organized under the lawsing or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabeture of a member or authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete poligations of my position as registered agent as provided ely reflect a change in the registered office address, I he din writing of this change.	the regist bility co the limited I Wa	stered office ompany, it is ited liability iability com Iter G Har in this cane	e and the busing the shereby confined or typed activ. I furthe	ness office rmed that the as otherwise I name of sign	of the he chare prov	registered nge(s) rided in

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

Signature of Registered Agent