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PICK-UP	TIAW	MAIL			
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Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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## **COVER LETTER**

Division of Corporations						
SUBJECT: Joey Hill 21 C  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:						
William J. Hill Name of Person						
Joey Hill 11C Firm/Company						
6537 Possum Ridge Rd. Address						
Crestulew, FL. 32539 City/State and Zip Code						
iohill 6537 @ amail. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
William J. Will at (850) 902-1597  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  \$55 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.

- 10.10	····			_			
l. N	ame of the limited liability company: Joey H	FILL	<u> </u>	<u>C</u>			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		6537	POSSUM S Mailing address of limite (Note: MAY BE POS	ed liability	y compa	ny:
	Crestujew, FL.	_	Cres	tuiew, F.	Ι		
	32539	_	325	39			
	March 21 2016	-		34480_			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Legal Zoom. Com		<del></del>				
	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					
	, FL						
		•				16	
(b)	Enter name of NEW Registered Agent and/or NEW Registered O				•	APR	
	Enter name of NEW Registered Agent and/or NEW Registered O	Office ado	<u>iress</u> :		٤	25	
	Wilhiam J. Hill NEW Registered Office Address:	<u> </u>			( 7)	1	· · · · · ·
	6537 Possum Ridge Rd	<u>.                                    </u>				: <u> </u> 6	
	Crestuiew ,FL	32:	539				
the cha agent was/w	imited liability company is not organized under the lawsinge 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 li	he regis pility co the lim	stered office ompany, it is ited liability	and the business of thereby confirmed to company or as other	ffice of that the	the reg	gistered e(s)
Signa	ture of a member or authorized representative of a member	W	VILLIC	Printed or typed name	LL of signed	;	
I here provisi the object to mer notifie	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.						rith the laccept g filed been