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(Requestor's Name)							
· (Address)							
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•							
(City/State/Zip/Phone #)							
(Oity/Otate/2:p/r Horie #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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JUL 01 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Harrelson Eye LL Name of Limit	ed 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:					
Cay Harrelson Name of Person						
Harrelson Eye LLC Firm/Company		TALLAH				
13526 Beach Blvd Address		ALLAHASSELTE 03				
Oacksonville FL, 32224 City/State and Zip Code		1: 03				
E-mail address: (to be used for future annual report	notification)					
For further information concerning this matter, please cal	1:					
Day Harrelson at (50) Name of Person	75) <u>Co Do - O S 6 4</u> 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.

1.	Na	me of the limited liability company: Haccelsoc	Eyo	, LL		
2. (13529 Reach Blud	(b)	244	2 Beatshire	Dc.
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	failing address of limited li	
		Jacksonville, Florida		chcke	sorville, Flo	rīda
		39994		3224	16	·
		0-1. 10		1.14.35.		
3.		Date of filing/registration in Florida	4.	<u> </u>	Document number	
5.	(a)	Corporation Service Comman				
	` '	Registered Agent and Registered Office shown on the records of th		Dept. of State:	:	= F8
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)			
						JUN 30
		Tallahassee , FL	323	<u> </u>		PH 1: 03
	(b)	clay Home Boo				75 SA
•	(U)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:		<u> </u>
		NEW Registered Office Address:				
		13529 Beach Blid				
		Clacksonville , FL	3222	Ж		
If t	he li	mited liability company is not organized under the laws	s of the S	State of Flo	rida, it is hereby confi	irmed that after
the age	cha nt v	nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab	he regist bility con	ered office npany, it is	and the business office hereby confirmed that	ce of the registered at the change(s)
		re authorized by an affirmative vote of the members of cles of organization of the operating agreement of the li				wise provided in
S	(ignal	upe of a member or authorized representative of a member	_ <u>J</u>	by the	Printed or typed name of	signee
I h	e fet	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete <u>p</u>	e to act i	n this capa	acity. I further agree i	to comply with the
the to r	obi nere	gations of my position as registered agent as provided ly reflect a change in the registered office address. I h	for in Ci ereby coi	hapter 605, nfirm that t	F.S. Or, if this documents the limited liability con	ment is being filed mpany has been
not	ifieg	Vin Scritting of this change.				
Sig	nato	e of Registered Agent				