

L-16000102671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2016 JUN 13 PM 2:05
TALLAHASSEE, FLORIDA

JUN 16 2016

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FILED
16 JUN 13 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Combat Hippies, 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:

Andrew Cuthbert

Name of Person

Combat Hippies, LLC

Firm/Company

3850 S. UNIVERSITY DR, #292114

Address

DAVIE, FL 33329

City/State and Zip Code

info@thecombathippies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Cuthbert

954

610-8263

at ()

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

**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.

Combat Hippies, LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

3850 S. UNIVERSITY DR, #292114

DAVIE, FL 33329

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3850 S. UNIVERSITY DR, #292114

DAVIE, FL 33329

05/25/2016

L16000102671

3. _____ 4. _____

Date of filing/registration in Florida

Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Andrew Cuthbert

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

10451 W Broward BLVD apt 402

Plantation, FL 33324

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Anthony Junior Torres

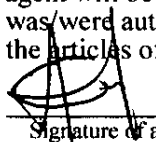
NEW Registered Office Address:

3850 S. UNIVERSITY DR, #292114

Davie, FL 33329

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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.



Signature of a member or authorized representative of a member

ANDREW CUTHBERT

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.

Anthony J. Torres

Signature of Registered Agent