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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	ECT: HOG L.L.C.					
Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Cha	nge and	fee(s) a	are submitted for filing.	
Please	return all correspondence concerning th	is matte	r to the f	ollowi	ng:	
	Tae Shin					
	Name of Person					
	Shin Law Firm, P.A.					
	Firm/Company					
	201 E. Pine St., Suite 320					
	Address					
	Orlando/ FL 32801			_		
	City/State and Zip Code					
	tshin@shinlawgp.com					
E	E-mail address: (to be used for future ann	ual rep	ort notifi	cation)		
For further information concerning this matter, please call:						
<del>- 162 man mun</del>	Tae Shin	at (_	407	)	730-7814	
	Name of Person			Area	Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:					
	Registration Section	Registration Section				
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
	Enclosed is a check for the following amount:					
	\$25 Filing Fee		□ \$5	5 Filin	g Fee & Certified Copy	
INHS1	8 (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: HOG L.L.C.	·	
2.	(a)	7680 UNIVERSAL BLVD.	(b)	7680 UNIVERSAL BLVD.
	()	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 198		SUITE 198
		ORLANDO, FL 32819		ORLANDO, FL 32819
		06/02/2016		L16000110443
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Tae Shin		
	()	Registered Agent and Registered Office shown on the records of the	e Florida Dep	ot. of State:
		7680 Universal Blvd.,		
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	
		Suite 198		
		Orlando , FL_	32819	TIT MAI
	(b)	Tae Shin		200 Ao
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office address	
		201 E. Pine St.,		
		NEW Registered Office Address:		Dr. &
		Suite 320		
		Orlando,FL_	32801	
the ag	e cha ent v is/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the control of the identical. Or, in the case of a Florida limited liability is an affirmative vote of the members of cles of organization or the operating agreement of the li	he registere pility comp the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
_				Printed or typed name of signee
		ure of a member or authorized representative of a member		
I pr the to no	herei ovisi e obl mere tified	by accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	e to act in the formance for in Chaperely confi.	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Si	gnatu	re of Registered Agent		