116000177787

(Requestor's Name)				
(Address)				
(Address)				
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



700291028897

10/17/16--01034--008 **25.00



D. SCOTT OCT 18 2016

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: HOLLA Basket Girls LLC				
Nar	ne of Limited Li	iability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing		
Please return all correspondence concerning the	is matter to the	following:		
Denise Smegal				
Name of Person				
Holla Basket Girls LLC				
Firm/Company				
220 Redfish Creek Drive				
Address				
St. Augustine, FL 32095				
City/State and Zip Code		_	186 6	
denise.smegal@comcast.net			超月四	
E-mail address: (to be used for future and	nual report notif	ication)	温気コード	
For further information concerning this matter	, please call:		四年 温 5	
Denise Smegal	504	669-8770	THE SECTION TO BE TO THE PERSON OF STATE OF STAT	
Name of Person	** (Area Code & Daytime Tele		
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	g amount:			
2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INHS18 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

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. 1	Name of the limited liability company: HOLLA Bask	et Girls LLC	
2. (a)	(b)	
Ì	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	····	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	220 Redfish Creek Drive	same	
	St. Augustine, FL 32095		
	September 22, 2016	L16000	0177787
3.	Date of filing/registration in Florida	4.	Document number
5. (a	3)		
(Registered Agent and Registered Office shown on the records of Jamie D. Oliveria	the Florida Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	181 Pinehurst Pointe		
	St. Augustine . FI	32092	·····
	, ^ _		
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address:	
	Denise Smegal		7.55 16
	NEW Registered Office Address:		
	220 Redfish Creek Drive		元二月
	St. Augustine	32095	
164	•		
the ci	limited liability company is not organized under the la- hange or changes are made, the Florida street address of	f the registered of	fice and the business office of the registered
agent	will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members	ability company,	it is hereby confirmed that the change(s)
	rticles of organization or the operating agreement of the		
Z 0	Mel Webera	Jamie D. C	Dliveria
1	nature of a member or authorized representative of a member		Printed or typed name of signee
j her provi the o to me notif	reby accept the appointment as registered agent and agisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide pelly reflect a chappe in the registered office address, I led in writing of this change.	ree to act in this c performance of n ed for in Chapter (hereby confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been
J. Sent	fure of Registered Agent		

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