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(Requestor's Name)					
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APR 03 2019 S. YOUNG

COVER LETTER

	Registration Section Division of Corporations		:				
	•						
SUBJE							
	Name of Limited Liability Company						
Dear Si	r or Madam:						
The enc	losed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.				
Please r	eturn all correspondence concerning th	is matter to the	e following:				
Josepl	h M. Huffman						
	Name of Person						
J M H	uffman LLC						
	Firm/Company	. ,	_ 				
948 Lu	ucas Ln						
	Address						
Oldsm	ar, FL 34677						
	City/State and Zip Code						
joemh	uffman@aol.com						
E-	mail address: (to be used for future ann	ual report not	ification)				
For furt	her information concerning this matter,	please call:					
Joe Hu	uffman	803 at (920-5658				
	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	R D P	AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, 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: J M Huffman I	LLC	 .		
2. (a)	948 Lucas Ln, Oldsmar, FL 34677	(b)	948 Luca	as Ln, Oldsmar, FL 34677	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3. 5. (a)	September 28, 2016 Date of filing/registration in Florida Joseph M. Huffman		L160001	181546 Document number	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1355 Bay Harbor Dr.			19	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		第二	
	Palm Harbor , FL	34685		FILED MR 22 PH	
(b) .	Enter name of NEW Registered Agent and/or NEW Registered 948 Lucas Ln NEW Registered Office Address:	Office add	ress:	6: 34 LURIUA	
	Oldsmar , FL	34677			
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability con of the limi	tered office mpany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
(Huffman	
I hereh provision the obli to mere notified	the design of a member or authorized representative of a member by accept the appointment as registered agent and aground so of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and the proper a	ee to act performa I for in C iereby co	in this capa ince of my a hapter 605, nfirm that t	Printed or typed name of signee acity. I further agree to comply with the luties, and I am familiar with and accep. F.S. Or, if this document is being filed the limited liability company has been	

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