L16000 201191

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

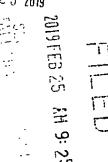


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MAR 0 1 2019 I ALBRITTON



2804 Gateway Oaks Drive #100 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: February 19, 2019

AE:

Cori Ann Crosthwaite

TO:

Florida Department of State

H1080 REFERENCE: 1254188

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

HLC PAINTING LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS:

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Cori Ann Crosthwaite TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

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.

. Na	ame of the limited liability company:	HLC Pair	nting LLC
. (a)		(b)	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	22025 SE 69TH AVE		124 whirlwind loop
	HAWTHORNE, FL 32640		HAWTHORNE, FL 32640
	11/01/2016		L16000201191
	Date of filing/registration in Florida	4.	Document number
(a)			
(**)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:
	crow, harold l, Jr.		
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRESS)	
	5237 SUMMERLIN COMMONS SI	UITE 400	
	FORT MYERS , FL	33907	2019 FEB
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	- 3
	The state of the s	Office addites.	
	Rocket Lawyer Corporate Service	es LLC	e =
	NEW Registered Office Address:		- 2
	155 OFFICE PLAZA DRIVE, 1ST FLO	OOR	<u>-</u> ∙
	Tallahassee, FL	32301	
			
char ent w s/wci	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited liage authorized by an affirmative vote of the members of iles of organization or the operating agreement of the law agreement of the law agreement.	the registered of bility company, f the limited liab	ffice and the business office of the register it is hereby confirmed that the change(s) willty company or as otherwise provided in
ighatu	are of a member or authorized representative of a member	-14031M	Printed or typed name of signee
oblis nerel ified)	y accept the appointment as registered agent and agrees of all statutes relative to the proper and complete is gations of my position as registered agent as provided y reflect a change in the registered office address, I have the complete of this change.	ee to act in this co performance of n for in Chapter (ereby confirm th	capacity. I further agree to comply with the ny duties, and I am familiar with and acce 605, F.S. Or, if this document is being file nat the limited liability company has been