

# L16000212970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

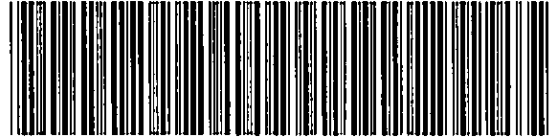
(Document Number)

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2018 JUL 20 PM 5:01  
CLERK OF COURT  
CLERK OF COURT

B FIGUEROA

JUL 23 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2018

BILL HAVRE  
3030 N ROCKY POINT DR  
STE 150A  
TAMPA, FL 33607

SUBJECT: HVRS SOLUTIONS LLC  
Ref. Number: L16000212970

We have received your document for HVRS SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 5(a) of the form must match the Florida Department of State's records.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 818A00010795

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HVRS Solutions 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:

Bill Havre

\_\_\_\_\_  
Name of Person

HVRS Solutions LLC

\_\_\_\_\_  
Firm/Company

3030 N Rocky Point Dr STE 150A

\_\_\_\_\_  
Address

Tampa, FL 33607

\_\_\_\_\_  
City/State and Zip Code

agent@floridaregisteredagent.net

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

For further information concerning this matter, please call:

Bill Havre

\_\_\_\_\_  
Name of Person

at ( 850 )

8074500

\_\_\_\_\_  
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.

1. Name of the limited liability company: HVRS Solutions LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida 4. Document number L16000212970

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

800 S Dakota Ave  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

315  
Tampa, FL 33606

(b) Registered Agents Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3030 N. Rocky Point Dr.

NEW Registered Office Address:

STE 150A

Tampa, FL 33607

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]  
Signature of a member or authorized representative of a member

Lindsay Wall  
Printed or typed name of signer

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.

Bill Havre - Assistant Secretary  
Signature of Registered Agent