## L17000001665

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
<u> </u>					

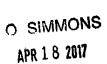
Office Use Only



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17 PR 17 MIII: 52



## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	HOGFISH REALTY, LLC			
	Name o	of Limited Lia	ability Company	
Dear Si	ir or Madam:			
The end	closed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning this r	natter to the f	following:	
TAYL	OR LEWIS			
	Name of Person			
woo	DWARD LAW GROUP			
	Firm/Company		_	
20727	7 STERLINGTON DRIVE			
	Address		_	
LAND	O O LAKES, FL 34638			
	City/State and Zip Code		_	
taylor	@anthonywoodwardpa.com			
Е	-mail address: (to be used for future annua	l report notifi	cation)	
For fur	ther information concerning this matter, ple	ease call:		
Taylo	r Lewis	813	251-2200	
	Name of Person		Area Code & Daytime Telephone Number	
	rrett/Courier address: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301  MAILING Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		gistration Section rision of Corporations b. Box 6327	
Enclosed is a check for the following amount:				
	<b>2</b> \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy	
INHS18	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.	Name of the limited liability company: HOGFISH RE	EALTY,	<u>', LLC                                  </u>
	Principal office address of limited liability company:		(b) Mailing address of limited liability company:
	( <u>Note: MUST BE STREET ADDRESS</u> )		(Note: MAY BE POST OFFICE BOX)
	19046 BRUCE B. DOWNS, #221	_	19046 BRUCE B. DOWNS, #221
	TAMPA, FL 33647		TAMPA, FL 33647
	01/04/2017		L17000001665
3.	Date of filing/registration in Florida	4.	Document number
5. (	a)		
· (	Registered Agent and Registered Office shown on the records of	the Florida	da Dept. of State:
	TK REGISTERED AGENT, INC		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u>SS)</u>
	101 E. KENNEDY BLVD. SUITE 2700		
	TAMPA	33602	2
	, FL		The Park of the Control of the Contr
a	b)		address:
(,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	ıddress:
	WOODWARD LAW GROUP		\(\frac{\frac}{\frac{\fir}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}{\frac{\frac
			<del></del>
	NEW Registered Office Address:		
	20727 STERLINGTON DRIVE		
	LAND O LAKES , FL	34638	8
the cagen was/	e limited liability company is not organized under the law hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the	f the regi ability co of the lim	gistered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
	Davin Joseph	Da	avin Joseph
_	nature of a member or authorized representative of a member		Printed or typed name of signee
попј	reby accept the appointment as registered agent and agi isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erely reflect a change in the registered office address, I fied in writing of this change.	ree to ac. perform ed for in ( hereby c	ct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
Sign	ature of Registered Agent		