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(Re	equestor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORISH

FILED

COVER LETTER

TO: Registration Section Division of Corporations	*		
SUBJECT: Hard Pugh Enterprises 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:		
HARTIN W Pugh, JR Name of Person			
HEROLD Pugh ENterprises Firm/Company			
PORT Myers FL 339 City/State and Zip Code	1.7.149 for the students of the		
Pepelapugh & G Mail.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Harold Puch at (239) 246 0582 Name of Person Area Code & Daytime Telephone Number			
Registration Section Division of Corporations Clifton Building	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		

INH\$18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. N	ame of the limited liability company:	LATERPRISES
2. (a)	9200 CLOVE CT FT Myers FL 33919V	SAME
`,	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
		
		_
	Date of filing/registration in Florida 4.	I 7000059596
3.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	<u>'</u>
	·	ite:
	Registered Office Address MUST BE FLORIDA STREET ADDRESS)	-
		- ·
	TAMPS, FL 33618.	7. 2018
	, FL	APR 16 CRETARY AHASSE
		ARY OF A
(b)	HARRID W Pugh JR	مدرات
	Enter name of NEW Registered Agent and/of NEW Registered Office address:	
	9200 CLOVE CT	
	NEW Registered Office Address:	_
	FORT Myers, 1	_
	,FL <u>339/9</u>	_

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 of a member or anthorized representative of a member

HERON PUCK

Printed or typed name of signee

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.

Signature of Registered Agent