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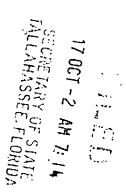
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations						
SUBJECT:	HILLSBOROUGH RIVER INVESTMENTS, LLC						
SOBILCI.	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	I Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.				
Please return	all correspondence concerning this	matter to the fo	llowing:				
Ronald D	McCall						
	Name of Person		-				
Hillsborou	gh River Investments, LLC						
	Firm/Company		-				
10320 N 5	6th Street, Suite 220						
	Address		-				
Temple Te	errace, Florida 33617						
•	City/State and Zip Code		-				
	aw1@aol.com						
E-mail	address: (to be used for future annua	I report notifies	- ation)				
For further in	nformation concerning this matter, pl	ease call:					
Ronald Mo	Call	813 at (228-7611				
	Name of Person	1	Area Code & Daytime Telephone Number				
Regi Divi Clift 2661	EEET/COURIER ADDRESS: Istration Section Istration of Corporations	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, 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.	Na	me of the limited liability company: HILLSBOROU	JGH RI	VER INVE	ESTMENTS, LL	С		
2. (Ronald D McCall		(b) Ronald D McCall				
2, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(failing address of limit (Note: MAY BE PO)	_		
		10320 N 56th Street	_	10320 N	56th Street			
		Suite 220		Suite 220)			
		Temple Terrace, Florida 33617		Temple Te	errace, Florida	33617		
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	March 24, 2017						
J. 1	(a)	Registered Agent and Registered Office shown on the records of Ronald D McCall	Dept. of State	ĬĄĹĹÄ				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			***	OCT CRETI LAHA		
		220 E. Madison Street, Suite 500			SSE	-2 -2	· 6	
		Tampa , FL	33602		الله إنها	-2 AH 7; J4 ARY OF STATE (SSEE.FLORIDA		
(b)	Ronald D McCall			ORID	i Aie	* *	
,		Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	≫			
		10320 N 56th Street						
		NEW Registered Office Address:						
		Suite 220						
		Temple Terrace, FL	33617					
the ager	cha it v /wc arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the Revueld ME Case	the regisability confithe limited l	stered office ompany, it is sited liability	and the business of hereby confirmed company or as other pany. Call	office of that the herwise	the registered change(s) provided in	
Si	gna	ture of a member or authorized representative of a member			Printed or typed name	of signee		
prov the to n	risi obl tere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provideely reflect a change in the registered office address, I if in writing of this change.	ree to act perform d for in (hereby c	t in this capa ance of my a Chapter 605, onfirm that t	icity. I further agr luties, and I am far , F.S. Or, if this do he limited liability	ee to com niliar w ocument compai	mply with the ith and accept is being filed ny has been	

Signature of Registered Agent