117000115776

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
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18 JAN 16 PM 2: 33

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LEGGETT



December 18, 2017

MELISSA CHRISTINO 924 HIRE CIRCLE OCOEE, FL 34761 US

SUBJECT: HIRE VENTURES, LLC

Ref. Number: L17000115776

We have received your document for HIRE VENTURES, 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):

The registered agent must sign accepting the designation.

YOU MUST COMPLETE SECTION 5(B) IF YOU ARE DESIGNATING A NEW RA, AND THE NEW RA MUST SIGN (SIGNATURE OF REGISTERED AGENT)

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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 817A00025484

RECEIVED
JAN 1 6 2018

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	HIRE VENTURES LLC				
Name of Limited Liability Company					
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning this	matter to the	following:		
MELI	SSA CHRISTINO				
	Name of Person	·	_		
HIRE	VENTURES LLC				
	Firm/Company				
924 H	IIRE CIRCLE				
	Address				
ocoi	EE, FL 34761				
	City/State and Zip Code				
MGC	HRISTINO@GMAIL.COM				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
MELIS	SSA CHRISTINO	407	516-2216		
	Name of Person	(Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re _l Div P.C	AlLING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314		
	Enclosed is a check for the following amount:				
	■ \$25 Filing Fee	□ \$5	5 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	ame of the limited liability company: HIRE VENTUR	RES LL	.C	
2. (a)	924 HIRE CIRCLE	(b	924 HIR	E CIRCLE
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (u.		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	OCOEE, FL 34761	-	OCOEE	, FL 34761
	05/25/2017	_	 L1700011	15776
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	UNITED STATES CORPORATION AGENTS	, INC		
J. (U)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	- ::
	13302 WINDING OAK COURT			· 异织 右
	Registered Office Address (MUST BE FLORIDA STREET AD	DDRESS	2	Ell.)
	TAMPA E 3	33612		MN 16
(b)	Melissa Christino Enter name of NEW Registered Agent and/or NEW Registered C		dress:	PH 2: 33
	NEW Registered Office Address:			
	924 Hive Circl	م	·····	•
	Ocole ,FL	31	<u> 1761</u>	-
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he regis bility co the lim	tered office mpany, it is ited liabilit	c and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	my la Chate		-	IRISTINO
Signs	ture of a member or authorized representative of a member			Printed or typed name of signee
provis. the ob- to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had d in writing of this change.	re to act perform for in (ereby co	in this cap ince of my chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent

STÀTEMENT 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

1. Na	ume of the limited liability company: HIRE VENTURE	S LLC	
2. (a)	924 HIRE CIRCLE	(b) 924 HIRE CIRCLE	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(6)	Mailing address of limited liability company:
	OCOEE, FL 34761	OCOE	(Note: MAY BE POST OFFICE BOX)
			E, FL 34761
			
_	05/25/2017	L170001	15776
.3 <u>. </u>	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, I	NC	
	Registered Agent and Registered Office shown on the records of the F 13302 WINDING OAK COURT	lorida Dept. of Sta	 re:
	Registered Office Address (MUST BE FLORIDA STREET ADD	RESS)	-
	A		
	TAMPA EI 330	612	-
	, FL, FL		-
(b)	Melissa Christino		
	Enter name of NEW Registered Agent and/or NEW Registered Offi	ce address:	-
	Hive Venture		
	NEW Registered Office Address:		-
	924 Hive Circle	_	
	^		-
	Occe, FL_	347101	
agent w was/wer	nited liability company is not organized under the laws of ge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the less of organization or the operating agreement of the limit	registered office ty company, it is	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.
Signatu	re of a member or authorized representative of a member		Printed or typed name of signee
the oblig to merel notified	o accept the appointment as registered agent and agree to a so all statutes relative to the proper and complete perfections of my position as registered agent as provided for y reflect a change in the registered office address, I herely in writing of this change.	act in this cape ormance of my c in Chapter 605 by confirm that t	·

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00