

L17000127839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

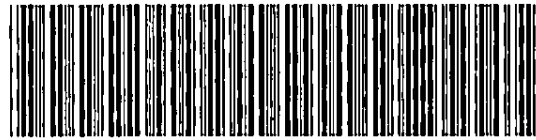
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2020

GAIL BROWN
18049 CONNOLLY AVENUE
PORT CHARLOTTE, FL 33948

SUBJECT: HYBRID RELOCATION SERVICES, LLC
Ref. Number: L17000127839

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

We are enclosing the proper form(s) with instructions for your convenience.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return 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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 620A00014644

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: Hybrid Relocation Services, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
18049 Connolly Ave
Port Charlotte, FL 33948

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 6/12/2017 Date of filing/registration in Florida 4. L17000127839 Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
United States CorporationAgents, Inc
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5575 S. SEMORAN BLVD. SUITE 36
ORLANDO, FL 32822

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Gail Brown
NEW Registered Office Address:
18049 Connolly Ave
Port Charlotte, FL 33948

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.

Gail Brown Signature of a member or authorized representative of a member Gail Brown 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