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COVER LETTER

Division of Corporations	
Hardee Fresh LLC SUBJECT:	
	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Sandra S Rodarmel	
Name of Person	
Hardee Fresh	
Firm/Company	
3350 Eastbrook Dr. Suite 220	
Address	
Fort Collins, CO 80525	
City/State and Zip Code	
srodarmel@hardeefresh.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please call	1:
Sandra S Rodarmel 970 at (295-4517
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Enclosed is a check for the following amount:	Tallahassee, FL 32303 ☐ \$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.

2. (a)		i	ъ)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		.0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1340 US Highway 17N		3350 East	tbrook Dr Suite 220
	Wauchula, FL 33873		Fort Colli	ins, CO 80525
	6/26/17		L17000138	3825
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of	the Florie	la Dent of Sta	nte:
	Halton A Peters		 В ср от вы	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>	2020
	6113 Savoy Circle			2020 SEP
	Lutz, FI	33558	•	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	ddress:	- 1:35
	Halton A Peters			, -
	NEW Registered Office Address:			_
	1340 US Highway 17 N		· .	
	Wauchula , Fl	33873		
change agent was/w	imited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	registe ability c of the li- limited	red office at ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
Signa	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 agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perforn d for in hereby c	et in this cap nance of my Chapter 60 confirm that	pacity. 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