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(Requestor's Name)

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(City/State/Zip/Phone #)

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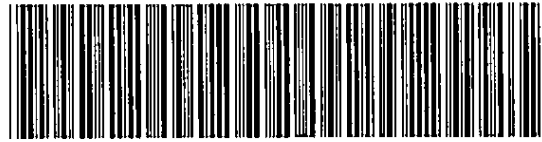
(Business Entity Name)

(Document Number)

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HOUSTON TAYLOR
ATTORNEYS AND COUNSELORS AT LAW

Pamela N. Brickley
Paralegal
Direct: 727.205.7293
Pam@HoustonTaylorLaw.com

September 9, 2022

Registration Section
Division of Corporations
Florida Department of State
Post Office Box 6327
Tallahassee, FL 32314

RE: HOUSTON TAYLOR, PLLC (Document # L17000148418)
HT AGENTS, LLC (Document # L17000183649)

Dear Sir or Madam:

Enclosed is our firm's check in the amount of \$50.00 to cover the filing fees in accordance with the enclosed Cover Letters and Statements of Change of Registered Office or Registered Agent or Both for Limited Liability Company for each of the two referenced Florida limited liability companies.

Please let us know if you need any additional information or documentation to process the requested changes. Thank you.

Sincerely yours,

Pamela N. Brickley
Paralegal

PNB/pb
Enclosures
cc: Amanda E. Taylor, Esquire (via email)



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOUSTON TAYLOR, PLLC

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:

Amanda E. Taylor, Esquire

Name of Person

Houston Taylor, PLLC

Firm/Company

801 3rd Street South, Suite 131

Address

St. Petersburg, FL 33701

City/State and Zip Code

amanda@houstontaylorlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda E. Taylor

727

205-7290

at (_____) _____

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
Tallahassee, FL 32303

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. Name of the limited liability company: HOUSTON TAYLOR, PLLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

801 3rd Street South, Suite 131

St. Petersburg, FL 33701

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

801 3rd Street South, Suite 131

St. Petersburg, FL 33701

July 11, 2017

L17000148418

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Amanda E. Taylor

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

146 2nd Street N., Suite 101

St. Petersburg, FL 33701

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

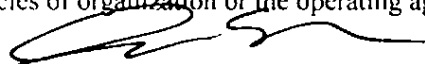
Amanda E. Taylor

NEW Registered Office Address:

801 3rd Street South, Suite 131

St. Petersburg, FL 33701


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 authorized representative of a member

Amanda E. Taylor

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA