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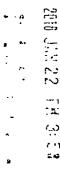
(Requestor's Name)						
(Address)						
(Address)						
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JAN 23 2019 J. HARRIS

COVER LETTER

Divis	sion of Corporations						
SUBJECT:	Hurricane Hero LLC						
SOBJECT.	Name of Limited Liability Company						
Dear Sir or N	Aadam:						
The enclosed	Registered Agent/Registered Office	e Change and fe	e(s) are submitted for filing.				
Please return	all correspondence concerning this	matter to the fo	llowing:				
Taimoor B	ajwa						
	Name of Person		-				
Hurricane	Hero LLC						
	Firm/Company		-				
430 N Lak	e Shore Way						
	Address		-				
Lake Alfred, FL 33850							
	City/State and Zip Code		-				
Hurricanel	HeroLLC@gmail.com						
E-mail	address: (to be used for future annua	al report notifica	ntion)				
For further in	iformation concerning this matter, p	lease call:					
Taimoor Ba	ajwa	863	288 0018				
•	Name of Person		Area Code & Daytime Telephone Number				
Regi Divi: Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Encl	osed is a check for the following a	mount:					
2 \$:	25 Filing Fee	© \$55	Filing Fee & Certified Copy				

TO: Registration Section

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.

I. Na	me of the limited liability company: Hurricane He	ro LLC				
2. (a)	312 DENTON AVE	(b) PO BOX 1459				
(/ .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			_	of limited liability company: BE POST OFFICE BOX	
	AUBURNDALE, FL 33823		AUBURNDALE, FL 33823			
	09/08/2017		L170001	90531		
3.	Date of filing/registration in Florida HIELSCHER, JOSEPH L	4.		Document nu	ımber	
5. (a)				_		
	Registered Agent and Registered Office shown on the records of 312 DENTON AVE	e:				
	Registered Office Address (MUST BE FLORIDA STREET.	-				
(b) ,	AUBURNDALE FI	3382	3			
	BAJWA, TAIMOOR H					
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	~1	
	101 LAKE WIRE DR				; ၾ ့ မှာ <i>က</i>	
	NEW Registered Office Address:				s 200	
	LAKELAND , FI	3381	5	_		
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the	f the reging the light from the ligh	istered offic company, it i mited liabilit	e and the busing the second in	ness office of the registered irmed that the change(s)	
- (thre of a member or authorized representative of a member				d name of signee	
provisi the obl to mere notified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide lely reflect a change in the registered affice oddress, I did not this change.	ree to a perfor ed for in hereby	et in this cap mance of my Chapter 602 confirm that	oacity. I furthe duties, and I a 5. F.S. Or, if to the limited lia	r agree to comply with the im familiar with and accept his document is being filed bility company has been	
Signard	real Registered Agent					

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