L17000 198154

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



200358992752

01/29/21--01009--008 **25.00

.

1:

···

COVER LETTER

| Don Hamblen Consulting SUBJECT: | | | |
|--|--|--|--|
| Name of Lim | ited Liability Company | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Office Chang | ge and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter t | to the following: | | |
| Don Hamblen | | | |
| Name of Person | | | |
| Don Hamblen Consulting | | | |
| Firm/Company | | | |
| 325 S 61st Avenue | | | |
| Address | | | |
| Pensacola, FL 32506 | | | |
| City/State and Zip Code | | | |
| donhamblen@hotmail.com | | | |
| E-mail address: (to be used for future annual report | notification) | | |
| for further information concerning this matter, please cal | II: | | |
| Oon Hamblen 785 | | | |
| 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 | | |
| | | | |

INHS18 (2/14)

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. N | ame of the limited liability company: Don Hamblen Co | onsulting | | |
|--|---|--|--|--|
| 2. (a) | | (h) | ı | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | , N | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 325 S 61st Avenue | | | |
| | Pensacola, FL 32506 | | | |
| | September 25, 2017 | l | .1700019815 | 54 |
| 3. | Date of filing/registration in Florida | 4. |] | Document number |
| 5. (a | | | | |
| (a | Registered Agent and Registered Office shown on the records of United States Corporation Agents, Inc. | Tthe Florida | Dept. of State. | |
| | | | | |
| | 5575 S. Semoran Blvd | • | | |
| | Orlando FI | 32822 | | |
| | | '- | <u>. </u> | |
| (b) | | | | • |
| | Enter name of NEW Registered Agent and/or NEW Registered | d Office add | <u>ress</u> : | · - |
| | Don Hamblen | | | |
| | NEW Registered Office Address: | | | |
| | 325 S 51st Avenue | | | |
| | | <u>. </u> | | |
| | Pensacola . FI | 32506 | | |
| change agent was/w the art Signa I here provis the object to mer | limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the authorized representative of a member of 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 the reflect a change in the registered office address. It is a change of this change. | registered ability con of the limit limited lia | l office and apany, it is ted liability thility compared to the confined and this capacity of my discrete of my discrete of my discrete. | the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. HAMPLEN Printed or typed name of signee with the tiles and I am lamiliar with and accept |
| Signate | re of Registered Agent | | | |

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

3