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S. PRATHER

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations	
SUBJECT: HOO'S FISHIN	J. UC
Nam	ie of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
2 2 2	
Please return all correspondence concerning this	is matter to the following:
JACQUES EMOND Name of Person	
Name of Person	
HOO'S FISHIN LLC	
4003 FISHIN UC	
Firm/Company	
907 N. VICTORIA PARK	RD
Address	
FORT LAUDERDALE, FL	22201
City/State and Zip Code	33504
City/State and Zip Code	
FACOUTE THOIS ONLY	
JACQUES. EHOUD & YMA E-mail address: (to be used for future ann	val report notification)
E-man address. (to be used for future and	ual report notification)
For further information concerning this matter,	please call:
Ţ.	
TACOUT ELLOWD	000 Las Stills
Name of Person	at (<u>847</u>) <u>622-5646</u> Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone (Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee. Florida 32314
Tallahassee, Florida 32301	
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:	's FISHIN	, LLC	
2. (a) 5031 5 th AVENUE LOT #5 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		7 N. VICTORIA Mailing address of limited (Note: MAY BE POS)	d liability company:
KEY WEST, FL 33040	Foli	LAUDERDALI	E,FL 333X
JANUARY 3, 2018 3. Date of filing/registration in Florida		1800000	1949
3. Date of filing/registration in Florida 5. (a) TACQUES EMOND Registered Agent and Registered Office shown on the records of the STREET AGENT AND STREET AGENTS AND A STREET AGENTS AND	pt 1801	Document number ste:	
MIAMI	FL <u>33137</u>	- ,	• co
Enter name of NEW Registered Agent and/or NEW Register	red Office address:	_	
NEW Registered Office Address:		_	• 50 51
FORT LAUDERDALE	FL 33304	_	
If the limited liability company is not organized under the lithe change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the Signature of a member of authorized representative of a member	of the registered offic liability company, it s of the limited liabili he limited liability co	ce and the business of is hereby confirmed thity company or as other	fice of the registered hat the change(s) erwise provided in
Signature of a member of authorized representative of a member I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complethe obligations of my position as registered agent as provid to merely reflect a change in the registered office address, notified in writing of this change. Signature of Registered Agent	gree to act in this ca	pacity. I further agree	e to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00