L18000015422

(Requestor's Name)					
(Address)					
(Address)					
(National)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(======================================					
0.27.10					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
3					
<u> </u>					





700320297987

11/02/18--01018--037 **25.05

8 NOV -2 AM 8: 13

NOV 1 9 2018

S YOUNG

COVER LETTER

Division of Corporations			
. HPO FREIGT LLC SUBJECT:			
(Name of Limited Lia	ability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and	fce(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the f	following:	
HACIEL PEREZ OCHOA			
Name of Person			
HACIEL PEREZ OCHOA			
Firm/Company		 -	
27240 SW 164TH CT			
Address		_	•
HOMESTED FL,33031			18
City/State and Zip Co	de		AHL
PEREZHACIEL@GMAIL.COM			1-2 / -2 / SSEE, F
E-mail address: (to be used for future	annual report notifi	cation)	
For further information concerning this ma	tter, please call:		8: 13
HACIEL OCHOA	786 at (3070926	
Name of Person		Area Code & Daytime Teleph	ione Number
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	istration Section ision of Corporations Box 6327 lahassee, Florida 32314	
Enclosed is a check for the follow	ving amount:		
■ \$25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy	

IS18 (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.

Na	ame of the limited liability company: HPO FREI	GT LLC			
. (a)	HACIEL PEREZ OCHOA	(b)_			,
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	М	lailing address of limite	
	27240 SW 164TH CT				
	HOMESTED, FL 33031				
	01/17/2018	L1	800001	5422	
	Date of filing/registration in Florida	4.	I	Document number	
(a)					
(a)	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:		
	HACIEL PEREZ OCHOA				
	Registered Office Address (MUST BE FLORIDA STREET) 27240 SW 164TH CT	<u>TADDRESS)</u>		ÄL	% 16 ○
	HOMESTEAD, FL 33031	FL.		AHAS	NOV FIL
	7 -			نن س س	71LE V -2
(b)		 			
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addres	<u>is</u> :	; FLORIDA	- - - - - - - - - -
	HACIEL OCHOA			D'A	<u>.</u>
	NEW Registered Office Address:				
	27240 SW 164TH CT				
	HOMESTED	_{:L} 33031			
	7				
he li	imited liability company is not organized under the liability company is not organized under the liability company and the Florida arrest address	aws of the Sta	ite of Flor	ida, it is hereby co	onfirmed that after
ent v	inge or changes are made, the Florida street address of a Florida limited	liability comp	any, it is	hereby confirmed	that the change(s)
	ere authorized by an affirmative vote of the members icles/of organization or the operating agreement of the			• •	•
11		1	ACIE!	PERET	Ocho A
Signal	ture of a member or authorized representative of a member		HC/E/	Printed or typed name	of signee
ovisi 2 obl me <u>r</u> a	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, by in virting of this change.	gree to act in te performanc ted for in Cha I hereby confi	this canad	city. I further agre	e to comply with t
enalu	re of Registered Agent				