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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone

Fax Number

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LLC REGISTERED AGENT CHANGE HUG PROPERTIES LLC

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Parsaant 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.

10,711	ime of the limited liability company: HUG PF	ROPERTIES	LLC	
	SOS WILLIAM ELVE DEV	(b) 283 WILLIAM FLYD PKY		
2. (a)	283 WILLIAM FLYD PKY Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liabili (Note: MAY BE POST OFF)	ty сопірапу:
	SHIRLEY, NY 11967	SHIRL	EY, NY 11967	
	04/03/2018	L18000	084749	
3.	Date of filing/registration in Florida	4.	Document number	
5 (-)	FINKBEINER, CHET			
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of Sta	ne:	
	4519 SE 16TH PLACE			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS]	•	ි ලිය
	UNIT 109			· E ·
	CAPE CORAL,1	33904	•••	
			_	(2
(ե)	Registered Agents Inc.			<u>.</u> :
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:		<i>(*)</i>
	3030 N. Rocky Point Dr.			•
	NEW Registered Office Address:			
	STE 150A			
				
	Tampa	_{FL} 33607	<u> </u>	
the ch agent was/w	limited liability company is not organized under the range or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member types of organization or the operating agreement of the control of the cont	laws of the State of least the registered office of the liability company, it is of the limited liability of the limited liability of	t is hereby confirmed that the lity company or as otherwise ompany.	ne change(5) se provided in
Sien	tautre of a member or authorized representative of a member	111071011	Printed or typed name of sign	nec
I her provi	where the appointment as registered agent and sistent of all statutes relative to the proper and completely reflect a change in the registered agent as provered reflect a change in the registered office address and registered of this change. Bill Havre - Assist	ayree to act in this co ete performunce of m ided for in Chapter b . I hereby confirm the	pacity. I further agree to one duties, and I am Jamiliar 195, F.S. Or, if this document the limited liability comp	comply with the with and accept at is being filed any has been
Signa	ture of Registered Agent			

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