

L18000 149797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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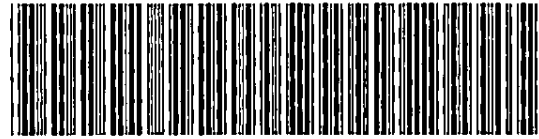
(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: 667 HIBISCUS LLC
Name of Corporation

DOCUMENT NUMBER: L18000149797

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Wallace Rodecker
Name of Contact Person
667 HIBISCUS LLC
Firm/Company
17284 Newhope St #222
Address
Fountain Valley, CA 92708
City/State and Zip Code

wallace@rodecker.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wallace Rodecker at (714) 241-7368
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303