

L18000224723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

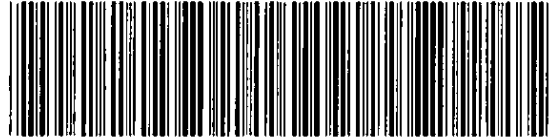
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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

2023 OCT -5 PM 4: 18

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—

HYGGE HOMES LLC

Dear Sir or Madam:

**Please return all correspondence concerning this matter to the following:**

Name of Person

Firm/Company

### Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

Clinton Jacob	386	748-5622
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Name of Person

Area Code &amp; Daytime Telephone Number

**Street Address:**

**Registration Section**  
**Division of Corporations**  
**The Centre of Tallahassee**  
**2415 N. Monroe Street, Suite 810**  
**Tallahassee, FL 32303**

**☐ \$25 Filing Fee**

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2023

CLINTON JACOB  
5764 N ORANGE BLOSSOM TRL 97157  
ORLANDO, FL 32810

SUBJECT: HYGGE HOMES LLC  
Ref. Number: L18000224723

We have received your document for HYGGE HOMES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 823A00020912

SEP 10 2023

**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.*

**HYGGE HOMES LLC**

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

5764 N ORANGE BLOSSOM TRL 97157

Orlando, FL 32810

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

5764 N ORANGE BLOSSOM TRL 97157

Orlando, FL 32810

09/21/2018

L18000224723

3. \_\_\_\_\_ 4. \_\_\_\_\_

Date of filing/registration in Florida

Document number

5. (a) \_\_\_\_\_

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ROCKET LAWYER CORPORATE SERVICES LLC

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

155 OFFICE PLAZA DRIVE, 1ST FLOOR

TALLAHASSEE

32301

\_\_\_\_\_, FL \_\_\_\_\_

(b) \_\_\_\_\_

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Clinton Jacob

**NEW** Registered Office Address:

5764 N ORANGE BLOSSOM TRL 97157

Orlando

32810

\_\_\_\_\_, FL \_\_\_\_\_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Clinton Jacob, Member of Hygge Homes LLC

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**

**FILING FEE: \$25.00**

FILED  
2023 OCT -5 PM 4:18  
TALLAHASSEE, FLORIDA