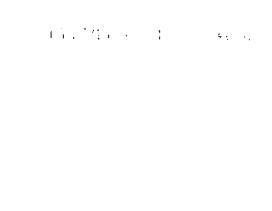
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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OCT 1 0 2019

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: HNCB LLC				
N	ame of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
Gabriela Zanella Hermes				
Name of Person				
N/A				
Firm/Company				
421 NE 6 Street, Unit 1012				
Address				
Fort Lauderdale, FL 33304				
City/State and Zip Code	2			
GabrielaZHermes@hotmail.com				
E-mail address: (to be used for future a	innual report notification)			
For further information concerning this matt	er, please call:			
Gabriela Zanella Hermes	754 304-9988			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
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. Na	me of the limited liability company: HNCB LLC			
2. (a)	421 NE 6 Street, Unit 1012	(b) 421 NE 6 Street, Unit 1012		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	·,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ft. Lauderdale, FL 33304		Ft	t. Lauderdale, FL 33304
	10/15/2018	_	 L18	8000236971
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Corporate Creations Network Inc.			
	Registered Office Address (MUST BE FLORIDA STREET			,
	11380 Prosperity Farms Rd #221E			2019 SE:
	Palm Beach Gardens	33140)	1
(b)	Gabriela Zanella Hermes Enter name of NEW Registered Agent and/or NEW Registered 421 NE 6 Street, Unit 1012 NEW Registered Office Address:	i Office n	ddress	
	Ft. Lauderdale, FI	33304	1	
the cha agent v was/wo	imited liability company is not organized under the la inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- bre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the reg iability of of the lii	istero ompa nited	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	AN	Ne	edio	L Hermes
_	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I fin writing of this change. July 2001 of the registered office are of Registered Agent	ree to ac perforned for in hereby (et in t nance Chaj confit	this capacity. I further agree to comply with the re of my duties, and I am familiar with and accept pier 605, F.S. Or, if this document is being filed irm that the limited liability company has been