Florida Department of

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE HEDOBUM, LLC

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Help

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

Florida 1 - No		edobum,	LLC		
	me of the finited flaoring company.	<u> </u>	(b)_		
2. (a)	Principal office address of limited liability (Note: MUST BE STREET ADD)		(0) _		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/30/2018		 I	18000)254985
3.	Date of filing/registration in Flo	orida	4.		Document number
	LUCAS, MICHAEL S				
5. (a)	Registered Agent and Registered Office shown or	n the records of the	Florida De	ept, of State:	
	Registered Office Address (MUST BE FLOR	RIDA STREET AD	DRESS)		
	23650 MILFORD DRIVE				
	EUSTIS	_{. FL} 3	2736		
	Registered Agents Inc			•	
(b)	Enter name of NEW Registered Agent and/or N		Mice addre	<u>ss</u> :	
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	, _{FL} _	3702		
the change of the agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized ange or changes are made, the Florida straill be identical. Or, in the case of a Florier authorized by an affirmative vote of ticles of organization or the operating agrain	rida limited liab the members of element of the li	ic registe ility com the limite mited lia	red office pany, it is ed liability	hereby confirmed that the change(s) company or as otherwise provided in pany.
	nture of a member or authorized representative of a			., ,	Printed or typed name of signee
I here provis the obto mer	by accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered age ely reflect a change in the registered office in writing of this change.	agent and agree and complete pe ent as provided ; ice address, I he	e to act in erforman for in Ch reby con	i this cape ce of my c apter 605 firm that i	icity. I further agree to comply with the luties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent

Bill Havre

- Assistant Secretary