## L18000258164

(Requestor's Name)		
(Ar	ddress)	
( / L	30,033,	
(Address)		
	ty/State/Zip/Phone #)	<del></del>
(CI	ty/State/Zip/Pilone #)	
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fili	ing Officer:	
		•

Office Use Only



800422984168

71,140,11 672

2024 FEB -9 PH 12: 01

FILED

2024 FEB -9 AMII: 21

43

## **CORPORATE**

When you need ACCESS to the world

ACCESS, \_\_\_\_ INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WALK IN

		**************************************
	PICK UI	P: <u>BROOK 2/9</u>
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	GS	
XX	FILING	CHANGE OF RA
	HARGRODER YACHT H	
-	(CORPORATE NAME AND DOCUME)	NT #)
	(CORPORATE NAME AND DOCUMEN	NT #)
~	(CORPORATE NAME AND DOCUME)	NT #)
-	(CORPORATE NAME AND DOCUMEN	

## 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. N	ame of the limited liability company: Hargroder Yacht I	Holdings, LLC
2. (a)		(b)
(_,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	232 Princeton Woods Loop	P O Box 750
	Lafayette, LA 70508	Broussard, LA 70518
	11/06/2018	1.18000258164
3.	Date of filing/registration in Florida	4. Document number
5. (a	1	
J. (a	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:
	Researcher's Associates, Inc.	
	Registered Office Address (MUST BE FLORIDA STREET	<u> </u>
	633 Timberlane Road	702
	Tallahassee F	TADDRESSI  TALLAHAS SEE. FLORIO
	)	PS -9
(b	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:
	Mary L.Gay	
	NEW Registered Office Address:	DE N
	633 Timberlane Road	<u></u>
	! allahassee F	FL 32312
sign the a	ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members articles of organization or the operating agreement of the member of a member or authorized representative of a member.	laws of the State of Florida, it is hereby confirmed that after the he registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in he limited liability company.  Printed or typed name of signee agree to act in this capacity. I further agree to comply with the preference of my duties, and I am familiar with and accept ided for in Chapter 605, F.S. Or, if this document is being filled. I hereby confirm that the limited liability company has been

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