118000272894

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



800325847268

03/13/13 (11/00) (11/2 \$\$25.10)

2019 HAR 13 AM 10: 21

C. GOLDEN MAR 2 3 2019

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	BJECT:						
	Name (of Limited Liab	pility Company				
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Office	Change and fe	ee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the fo	llowing:				
JON	M. ODEN, ESQ.						
	Name of Person	•	-				
WILL	IS & ODEN, PL						
	Firm/Company		_				
2121	S. HIAWASSEE ROAD, SUITE 116	;					
	Address		_				
ORL	ANDO, FL 32835						
	City/State and Zip Code		-				
_	er@kinnecorps.com		_				
	E-mail address: (to be used for future annua	il report notific	ation)				
For fu	rther information concerning this matter, pl	lease call:					
Jon N	M. Oden, Esq.	407	903-9939				
	Name of Person	. (Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	Talla	ahassee, Florida 32314				
	Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	\$55	Filing Fee & Certified Copy				

INHS18 (2/14)

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: HULGAR, LLC	; 	<u> </u>			
2. (a)		_ (1	o)			
(- /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	N		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	14250 FALCONHEAD CT		14250 FALCONHEAD CT			
	JACKSONVILLE, FL 32224	_	JACKS	ONVILLE, FL 32224		
	11/26/2018		L180002	72894		
 (a) 	Date of filing/registration in Florida VAN DEN BOSCH, ROGER	4.		Document number		
J. (a	Registered Agent and Registered Office shown on the records of the	he Florid	a Dept. of Sta	te:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>	2019 HAR 13		
	JACKSONVILLE .FL	32224		AAR		
(b)	WILLIS & ODEN, PL c/o JON M. ODEN, ESQ.			SSE A		
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	10: 2		
	2121 S. HIAWASSEE ROAD, SUITE 116			·· 0		
	NEW Registered Office Address:			_		
	ORLANDO , FL	32835	5	_		
the chagent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the reg ibility of f the lii limited	istered office company, it mited liabili liability co	ce and the business office of is hereby confirmed that the ity company or as otherwise mpany.	the registered e change(s) provided in	
Sign	nature of a member or authorized representative of a member	70	M. ODI	EN, ESQ. (CORP. COL Printed or typed name of signer		
I her provi the ol to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided refy reflect a change in the registered office address, I l ed in writing of this change	ee to ac perform I for in vereby	ct in this cap nance of my Chapter 6U confirm tha	pacity. I further agree to co duties, and I am familiar w)5, F.S. Or, if this document t the limited liability compa	omply with the with and accept t is being filed ny has been	

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

Signature of Registered Agent