

3/7/2019

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : M. FAEHNER, ESQ. LLC
Account Number : I20170000081
Phone : (727)443-5190
Fax Number : (727)474-9949

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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LLC REGISTERED AGENT CHANGE
HOBICK PROPERTIES LLC

Certificate of Status	0
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K. SALY

MAR - 8 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOBICK PROPERTIES LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael J. Faehner

Name of Person

M. Faehner, Esq. LLC

Firm/Company

600 Bypass Drive, Suite 100

Address

Clearwater, FL 33764

City/State and Zip Code

filings@mfaehner.com

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

For further information concerning this matter, please call:

Michael J. Faehner

Name of Person

at (727)

443-5190

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. Name of the limited liability company: HOBICK PROPERTIES LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1400 PASS-A-GRILLE WAY
ST. PETE BEACH, FL 33706
12/28/2018
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1400 PASS-A-GRILLE WAY
ST. PETE BEACH, FL 33706
L19000002122
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

M. FAEHNER, ESQ. LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1400 PASS-A-GRILLE WAY

ST. PETE BEACH, FL 33706

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

M. FAEHNER, ESQ. LLC

NEW Registered Office Address:

600 BYPASS DRIVE, SUITE 100

CLEARWATER, FL 33764

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.

Signature of a member or authorized representative of a member

Michael J. Faehner, Esq.

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**

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